

**EFFECTIVENESS OF PROGRESSIVE MUSCLE
RELAXATION TECHNIQUE ON ANXIETY AMONG
SPOUSE OF ALCOHOLIC DEPENDENTS AT
DEADDICTION CENTRE, GRH, MADURAI.**

M.Sc (NURSING) DEGREE EXAMINATION

BRANCH - V MENTAL HEALTH NURSING

COLLEGE OF NURSING

MADURAI MEDICAL COLLEGE, MADURAI -20.



A dissertation submitted to

THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,

CHENNAI - 600 032.

In partial fulfillment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING

APRIL 2016

**EFFECTIVENESS OF PROGRESSIVE MUSCLE
RELAXATION TECHNIQUE ON ANXIETY AMONG
SPOUSE OF ALCOHOLIC DEPENDENTS AT
DEADDICTION CENTRE, GRH, MADURAI.**

Approved by Dissertation committee on 13.11.2014

Expert in Nursing Research _____

Mrs.S.POONGUZHALI, M.Sc (N), M.A,M.B.A., Ph.D.,
Principal,
College of Nursing,
Madurai Medical College,
Madurai.

Clinical Speciality expert _____

Mrs.S.RAJAMANI, M.Sc (N), M.B.A., M.Sc (Psy), Ph.D.,
Lecturer,
Department of Mental Health Nursing ,
College of Nursing,
Madurai Medical College,
Madurai.

Medical Expert _____

Dr.T.KUMANAN, M.D.,DPM.,
Professor and H.O.D,
Department of Psychiatry,
Madurai Medical College,
Madurai.

A dissertation submitted to

**THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,
CHENNAI- 600 032.**

In partial fulfillment of the requirement for the degree of
MASTER OF SCIENCE IN NURSING

APRIL 2016

CERTIFICATE

This is to certify that this dissertation titled, **“EFFECTIVENESS OF PROGRESSIVE MUSCLE RELAXATION TECHNIQUE ON ANXIETY AMONG SPOUSE OF ALCOHOLIC DEPENDENTS AT DEADDICTION CENTRE, GRH, MADURAI”** is a bonafide work done by **Mr.P.S.RAJARAJENDRAN**, M.Sc (N) Student, College of Nursing, Madurai Medical College, Madurai - 20, submitted to THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI in partial fulfillment of the university rules and regulations towards the award of the degree of **MASTER OF SCIENCE IN NURSING, Branch V, Mental Health Nursing**, under our guidance and supervision during the academic period from 2014-2016.

Mrs.S.POONGUZHALI, M.Sc (N), M.A.,
M.B.A(HM)., Ph.D.,
PRINCIPAL,
COLLEGE OF NURSING,
MADURAI MEDICAL COLLEGE,
MADURAI-20.

Dr.M.R.VAIRAMUTHU RAJU, M.D (GM).,
DEAN,
MADURAI MEDICAL COLLEGE,
MADURAI-20.

CERTIFICATE

This is to certify that the dissertation entitled “**EFFECTIVENESS OF PROGRESSIVE MUSCLE RELAXATION TECHNIQUE ON ANXIETY AMONG SPOUSE OF ALCOHOLIC DEPENDENTS AT DEADDICTION CENTRE, GRH, MADURAI**” is a bonafide work done **Mr.P.S.RAJARAJENDRAN**, M.Sc (N) Student, College of Nursing, Madurai Medical College, Madurai- 20, in partial fulfillment of the University rules and regulations for award of the degree of **MASTER OF SCIENCE IN NURSING, Branch V, Mental Health Nursing**, under our guidance and supervision during the academic year 2014-2016.

Name & Signature of the Guide _____

Mrs.S.RAJAMANI, M.Sc (N), M.B.A(HM).,M.Sc (Psy)., **Ph.D.**,
Lecturer,
Department of Mental Health Nursing,
College of Nursing,
Madurai Medical College,
Madurai.20

Name & Signature of the Head of Department _____

Mrs.S.POONGUZHALI, M.Sc (N), M.A, M.B.A(HM)., **Ph.D.**,
Principal,
College of Nursing,
Madurai Medical College,
Madurai.20

Name & Signature of the Dean _____

Dr.M.R.VAIRAMUTHU RAJU, M.D(G.M).,
Dean,
Madurai Medical College,
Madurai-20

ACKNOWLEDGEMENT

“Acknowledge him in all your ways and he shall direct your paths”—Pro 3:6

Any dissertation work is a corporate endeavor necessitating the assistance of more than one. My attempt to bring out this assignment is therefore teamwork. The satisfaction and pleasure that accompany the successful completion of any task would be incomplete without mentioning the people who made it possible, whose constant guidance encouragement, rewards and any effort with success. I the investigator of this study owe deep sense of gratitude to all those who have contributed to the successful completion of this study.

Many helping hands have smoothened every step of this dissertation, first of all I praise and thank the **lord almighty** for his abundant grace, blessing, support, wisdom, and strength throughout this endeavor.

I wish to acknowledge my sincere and heartfelt gratitude to **all my well wishers** for their continuous support, strength and guidance from the beginning to the end of this research study.

I extend my sincere thanks to **Dr.M.R.Vairamuthu Raja M.D,(GM)** Dean, Madurai Medical College, Madurai for providing necessary facilities to undertake the study.

I wish to express my deep sense of gratitude and heartfelt thanks to **Mrs.S. Poonguzhali M.Sc (N), M.A, M.B.A(HM), Ph.D** Principal, College of Nursing, Madurai Medical College, Madurai for her guidance and suggestions to carry out the study.

I extend my sincere thanks to Captain **Dr. B.Santhakumar, M.Sc (FSc), M.D,(F`M), PGDMLE., Dip N.B(F.M).**, former Dean , Madurai Medical College, Madurai for his acceptance and approval of the study.

I express my heartfelt and faithful thanks to **Mrs. S. Rajamani.M.Sc (N), M.B.A.,(HM), M.Sc (Psy),, Ph.D.,** Lecturer, Department of Mental Health Nursing, College of Nursing, Madurai Medical College, Madurai for her hard work, efforts, interest to mould this study in successful way, her easy approachability and understanding nature laid a strong foundation on research. It is very essential to mention her wisdom and helping nature has made my research a lively and everlasting one.

My deep sense of gratitude to **Dr.T.Kumanan M.D, DPM,** Professor and H.O.D, Department of psychiatry, Government Rajaji Hospital, Madurai, for his timely help and guidance.

I wish to express my sincere thanks to **Mr. N.Suresh kumar.M.A., M.Phil.,** (Clinical psychologist) Assistant professor , Department of psychiatry, Government Rajaji Hospital Madurai, for his excellent guidance and support for the successful completion of the study.

I am thankful to **Mr.S.Kalaiselvan, M.A., B.LISc.,** Librarian, College of Nursing , Madurai Medical College, Madurai for the guidance in referring the books and journals.

I offer my earnest gratitude to all **Faculty** of College of Nursing, Madurai Medical College, Madurai for their assistance and moral support.

I extend my sincere thanks to **statistician** for his expert advice and guidance in the course of analyzing various data involved in this study.

My heartfelt thanks to **Dr.N.Balasubramaniam, M.A.,(Tamil) MPhil., Ph.D.,** for editing the manuscript in tamil.

My immense thanks to **Miss.R. Divya priyadarsini, M.A., B.Ed,(English)** for editing the manuscript in English.

I extend my thanks to all my classmates especially Mental Health Nursing Post Graduates and my lovable seniors.

I wish to offer my earnest gratitude to our Rajayogini **B.K. Meenakshi**, subzonal Incharge, Rajyoga mediation centre, Madurai, divine brother **B.K.Balamurali**, co-ordinator, **B.K. Uma**, co-ordinator, and **B.K.Senthamarai**, senior Rajyoga teacher, **B.K.Gnana soundari**, senior Rajyoga teacher Thanjavur, for their divine support throughout the study.

This acknowledgement will not be complete if I fail to offer my special heartfelt thanks, and words are not adequate to express my gratitude to my beloved parents **Mr.P.Sangilimuthu** and **Mrs.S.Dhanaklakshmi** and my sister **Mrs.S.Senthamil pavai Arjunan**, and my brothers **Mr.S.Muthamizh vendhan**, **Mr.S. Alagu tamil** and all dear my friends who extended their helping hands and supporting me in all means round the clock right from the beginning till the end in bringing out this Dissertation.

I extend my thanks to Laser point staff for his help in preparing the manuscript.

Last but not least I thanks to all the spouse of alcoholic dependents who participated in this study and also for their cooperation throughout the study.

ABSTRACT

Title: “Effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre GRH, Madurai.

Objectives: To assess the level of anxiety among spouse of alcoholic dependents, To evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents, To associate the level of anxiety among spouse of alcoholic dependents at deaddiction centre GRH, Madurai and their selected socio demographic variables. **Hypotheses:** There is a significant difference between pretest and posttest level of anxiety among spouse of alcoholic dependents. There is a significant association between the level of anxiety and their selected socio demographic variables. **Conceptual framework :** Modified Roy’s adaptation model was used for this study. **Methodology:** A Pre- experimental one group pretest posttest design was used. 40 spouses of alcoholic dependents were selected by consecutive sampling method. Pretest was conducted by using Hamilton anxiety scale on day1 , progressive muscle relaxation was given for 30 minutes twice a day for 5 consecutive days . Post test was assessed on 6th day by using same scale. **Results:** Progressive muscle relaxation reduced the anxiety level among spouse of alcoholic dependents at deaddiction centre. There was a significant association between posttest level of anxiety and age, educational status, and duration of alcohol consumption. **Conclusion:** Progressive muscle relaxation is cost effective, non-invasive, non – pharmacological complementary therapy to reduce anxiety among spouse of alcoholic dependents.

Key words: Progressive muscle relaxation, anxiety, spouse of alcoholic dependents.

TABLE OF CONTENTS

CHAPTER NO	TITLE	PAGE NO
1.	INTRODUCTION	1
	1.1 Need for the study	7
	1.2 Statement of the problem	10
	1.3 Objectives	10
	1.4 Hypotheses	11
	1.5 Operational definitions	11
	1.6. Assumption	12
	1.7 Delimitation	12
	1.8 Projected outcome	12
2.	REVIEW OF LITERATURE	13
	2. 1. Literature related to spouse of alcoholic dependents and anxiety	14
	2.2. Literature related to effectiveness of progressive muscle relaxation technique on anxiety	17
	2.3. Literature related to effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents	24
	2.4 Conceptual frame work	28
3.	RESEARCH METHODOLOGY	32
	3.1 Research approach	32
	3.2 Research design	32
	3.3 Variables	32
	3.4 Setting of the study	33
	3.5 Population	33
	3.6 Sample	33
	3.7 Sample size	33
	3.8 Sampling technique	33
	3.9 Criteria for sample selection	34
	3.10 Research tool and technique	34

CHAPTER NO	TITLE	PAGE NO
	3.11 Scoring procedure	35
	3.12 Validity of the tool	35
	3.13 Reliability of the tool	35
	3.14 Pilot study	35
	3.15 Data collection procedure	36
	3.16 Plan for Data analysis	37
	3.17 Protection of human subjects	38
	3.18 Schematic Representation of Research methodology	39
4.	ANALYSIS AND INTERPRETATION OF DATA	40
5.	DISCUSSION	55
6.	SUMMARY AND CONCLUSION	72
	6.1 Summary	72
	6.2 Major Findings of the study	73
	6.3 Conclusion	75
	6.4 Implications for nursing	76
	6.5 Recommendations for further research	77
	REFERENCES	79
	APPENDICES	86

LIST OF TABLES

TABL E NO	TITLE	PAGE NO
1.	Frequency and Percentage Distribution of spouse of alcoholic dependents according to their selected socio demographic variables	41
2.	Frequency and percentage distribution of the spouse of alcoholic dependents according to the level of anxiety	55
3.	Effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents	57
4.	Comparison of pretest and posttest mean anxiety score among spouse of alcoholic dependents	58
5.	Association between the level of anxiety among spouse of alcoholic dependents and their selected socio demographic variables	60

LIST OF FIGURES

FIGURE NO	TITLE	PAGE NO
1.	Conceptual framework	31
2	Schematic representation of the study	39
3.	Mean and Standard Deviation of pretest and posttest level of anxiety among spouse of alcoholic dependents	44
4.	Comparison of pretest and posttest mean anxiety score among spouse of alcoholic dependents	45
5.	Distribution of spouse of alcoholic dependents according to Educational status	46
6.	Distribution of spouse of alcoholic dependents according to Occupation	47
7	Distribution of spouse of alcoholic dependents according to Family monthly income	48
8	Distribution of spouse of alcoholic dependents according to Type of family	49
9	Distribution of spouse of alcoholic dependents according to Residential status	50
10.	Distribution of spouse of alcoholic dependents according to Number of children	51
11	Distribution of spouse of alcoholic dependents according to the Duration of alcohol consumption	52

12.	Distribution of spouse of alcoholic dependents according to any physical illness	53
13.	Distribution of spouse of alcoholic dependents according to previous relaxation experience	54
14.	Distribution of spouse of alcoholic dependents according to their level of anxiety	56
15.	Comparison of pretest and posttest mean anxiety score among spouse of alcoholic dependents	59
16.	Association between level of anxiety reduction score and spouse age	62
17.	Association between level of anxiety reduction score and education status	63
18.	Association between level of anxiety reduction score and duration of alcohol consumption	64

LIST OF APPENDICES

APPENDIX NO	TITLE	PAGE NO
I	Ethical committee approval letter.	86
II	Letter seeking permission for validation of content and tool	88
III	Content validity certificates	89
IV	Informed consent form.	94
V	Letter seeking and granting permission to conduct the pilot study at deaddiction centre, Government Rajaji Hospital, Madurai.	95
VI	Letter seeking and granting permission to conduct the study at deaddiction centre, Government Rajaji Hospital, Madurai.	96
VII	Socio demographic tool - English	98
VIII	Research Tool – English.	100
IX	Socio demographic tool- Tamil	102
X	Research Tool – Tamil.	104
XI	English Editing Certificate.	106
XII	Tamil Editing Certificate	107
XIII	Intervention - Progressive muscle relaxation technique -English	108
XIV	Intervention - Progressive muscle relaxation technique - Tamil	111
XV	Training Certificate for Progressive muscle relaxation technique.	114
XVI	Photographs.	115

Introduction

CHAPTER I

INTRODUCTION

“Mankind has used two powerful weapons to destroy its own powers and enjoyment, wrong indulgence and wrong abstinence” -sri Aurobindo

An alcoholic beverage is a drink which contains a substantial amount of the psychoactive drug ethanol (informally called alcohol). It is one of the most widely used recreational drugs in the world. In the United States 89% of adults have drunk alcohol at some point in time, 70% have drunk in the last year and 56% in the last month. The concentration of alcohol in a beverage is usually stated as the percentage of alcohol by volume (ABV, the number of ml of pure ethanol in 100 ml of beverage) or as proof. Historically, this was the most dilute spirit. A spirit which contains a very high level of alcohol and does not contain any added flavoring is commonly called a neutral spirit. Generally, any distilled alcoholic beverage of 170 proof or higher is considered to be a neutral spirit.

Alcohol abuse is more or less a universal problem. A number of mythological and religious books have highlighted the role it played in society. The pattern of drinking in India had undergone a change from occasional and ritualistic use to being a social event. Today, the common purpose of consuming alcohol is to get drunk. These developments have raised concerns about the health and the social consequences of excessive drinking. The difficulty is that once a man starts drinking he becomes addicted to it and goes on increasing its dose which has a very harmful effect both on the individual as well as the society.

Drinking alcohol plays an important social role in most cultures. Alcohol has potential for abuse and physical dependence. Addiction to alcohol is a family problem

and is a major source of disharmony within family members. Family disruption related to alcoholism is a serious ,complex and pervasive social problem. Alcoholism linked to violence ,disrupted family roles, and impaired family communication and partly to physical and psychological illness that occurs not only to the alcoholic clients bit also to their family members.

The World Health Organization (2012) shows that there are an estimated 140 million alcoholics around the world. In an alarming revelation, the Global Status report on alcohol and health 2014, released by the World Health Organization (WHO) states that the amount of alcohol consumption has raised in India between the periods of 2008 to 2012. The data was compiled taking into account individuals over the age of 15 and above, who consumed alcohol. According to the report, around 30% of the total population of India consumed alcohol in the year 2010. 93% of alcohol was consumed in the form of spirits, followed by beer with 7% and less than 1% of the population consumed wine. The per capita consumption of alcohol in the country increased from 1.6 liters from the period of 2003-2005, to 2.2 liters from the period of 2010-2012.

A recent National Household survey Drug and alcohol use in India, recorded alcohol use in 51% of adult males. The collective review reveals that nearly 30-35% of adult men and approximately 5% of adult women consume alcohol. The sales figures of the Tamil Nadu State Marketing Corporation (Tasmac), the government-owned monopoly liquor retailer, show that liquor consumption increased by 18% in 2010-11 with the sale of 4.8 crore cases of hard liquor. In 2001-12 up to December, the growth in sales is 11% compared to the same period last year, with three more months to go for end of the fiscal year. The number of people coming into the bracket of permissible age for consuming alcohol is increasing every year. Nearly 1of 3 adult

males consumes alcohol. In Tamilnadu 25-26% of adult male consume alcohol and among them 68.3% were lifetime abstainers. The 2012 reports of the Madurai branch Tamil Nadu State Marketing Corporation (Tasmac), shows that liquor consumption increased by 12% .On regard of the Government Hospitals in the Madurai district. The Government Rajaji Hospital have an annual census of 5325 alcoholics were attending the outpatient department per month and an average of 62-68 patients were admitted in de-addiction ward per month.

Hence in India, the survey conducted reveals the problems associated with intake of alcohol include spousal assaults 32%,spousal abuse 20%, child abuse 18%, suicides 30% in the percentage listed, the weight age is much focused on the spousal abuse and assaults.

The non –profit National Healthy marriage resource Center (NHMRC) Says that ,

- ❖ Alcohol abuse increases the feelings of marital distress. Individuals in marriages in which one or both spouses are alcoholics report higher levels of marital distress or trouble than do married individuals who are not married to alcoholics.
- ❖ Alcohol abuse decreases marital satisfaction because it decreases the ability to participate in everyday household tasks and responsibilities, more negative and hostile communication, more expression of anger ,and less warmth and unity in the relationship.

Even though Alcoholism is a family problem, husband's drinking adversely affected the wives health, such that wives suffered from various disorders such as insomnia, depression, and neurosis.

Wives of alcoholics are always in anxiety situation, which gives them frustration ,agony, emotional disturbances and disturbed personality ,and gradually

they become neurotic patients or develop personality or adjustment problems. Early studies of the wives of alcoholics in a family agency setting described them as often equally as sick as their husbands with a need to dominate, to suffer to punish. Such a wife and frequently the daughter of an alcoholic father may also suffer from feelings of basic anxiety and inadequacy which can be denied or assuaged by feeling superior to her husband.

Montgomery and Johnson (1992) reported that historically wives of alcoholics have been described as having disturbed pathological personalities that were instrumental in maintaining their husband's drinking. More researches have tended to support the view that the behavior of these women reflects their stressful circumstances.

James and Goldman (1971) found out that the wives used all sorts of coping, they themselves were more quarrelsome, they felt angry, they felt hopelessness on other occasions, they adopted a strategy of withdrawing, or avoiding the husband altogether, they had tried to get drunk themselves to show them what it was like or they had locked the husband out of the house.

Drewery, J. and Rae (1969) report that the interpersonal relationship between the alcoholic and his wife is characterized by a clear evidence of conflicting dependence – independence needs. The weight of the evidence favours the interpretation that it is the patient's neurotic difficulties rather than any psychopathology in his wife, which has determined the interpersonal dilemma.

Lewis (1937) endeavored to link the wives' personality to the husband's alcoholism. He believed that wives of alcohol dependent individuals found an outlet for aggressive impulses in their marital relationship with men who are dependent and

force her to punish him. Both partners alternated between 'Masculine' and 'Feminine' roles.

The spouse of alcoholics are more for emotional and psychological disturbances. One of the main psychological disturbances is anxiety. Anxiety is a generalized mood condition that can often occur without an identifiable triggering stimulus. Physical effects of anxiety may include heart palpitations , muscle weakness ,and tension, fatigue , nausea , shortness of breath , increased sweating, increased blood flow to the major muscle groups, and inhibition in the immune and digestive functions. External symptoms of anxiety are pale skin, sweating, trembling, and pupillary dilation. Someone who has anxiety might also experience it as a sense of dread or panic.

Shodhganga (2009) conducted a descriptive study on the effect of alcoholism with the objective of making a comparison of the wives of alcoholics, on their anxiety, adjustment, self-concept and assertiveness with regard to wives of non-alcoholics. She compared and reported that wives of alcoholics have higher anxiety as well as depression state than the wives of non-alcoholics.

A relaxation technique (also known as relaxation training) is any method, process, procedure, or activity that helps a person to relax; to attain a state of increased calmness; or otherwise reduce levels of pain, anxiety, stress or anger. Relaxation techniques are often employed as one element of a wider stress management program and can decrease muscle tension, lower the blood pressure and slow heart and breath rates, among other health benefits. Various techniques are used by individuals to improve their state of relaxation. Some of the methods are performed alone; some require the help of another person (often a trained

professional); some involve movement, some focus on stillness; while other methods involve different elements.

Certain relaxation techniques known as "formal and passive relaxation exercises" are generally performed while sitting or lying quietly, with minimal movement. These includes movement-based relaxation methods incorporate exercise such as walking, gardening, yoga, Tai chi, Qigong, and more. Some forms of bodywork are helpful in promoting a state of increased relaxation. Examples include massage, acupuncture, Myotherapy, reflexology and self-regulation.

Some relaxation methods can also be used during other activities, for example, auto suggestion and prayer. One study has suggested that listening to certain types of music, particularly new age music and classical music, can increase feelings associated with relaxation, such as peacefulness and a sense of ease.

Relaxation techniques have been considered as an adjunctive therapy for anxiety and can provide patients with self-maintenance coping skills to reduce anxiety symptoms. Such techniques, including hypnosis, meditation and progressive muscle relaxation (PMR), have been shown to reduce anxiety, and to a lesser degree depressive symptoms, in a variety of medical and psychiatric illnesses. PMR is one systematic technique that can be used to achieve a deep state of relaxation. It has several advantages for patient.

Progressive muscle relaxation technique is a technique for reducing anxiety by alternatively tensing and relaxing the muscles .It was developed by Edmund Jacobson in the early 1920's. Jacobson argued that since muscle tension accompanies anxiety, one can reduce anxiety by learning how to relax the muscular tension. It entitles a physical and mental component. Progressive muscle relaxation is a process that

involves decreasing the physiological aspects of anxiety while distracting the individual from their awareness of anxious feelings (Nassau, 2007).

Progressive muscle relaxation was originally developed as a way of reducing anxiety by teaching individuals to relax their muscles. This leads to a reduction in muscle tension and then a decrease in measures of physiological arousal associated with muscle tension. This reduction can help to decrease anxiety and increase an individual's sense of well-being (Paterson, 1987).

The physical component involves the tensing and relaxing of muscle groups over the legs, abdomen, chest, arms, and face. In this tension in a given muscle group is purposefully done for approximately 10 seconds and then released for 20 seconds before continuing with the next muscle group.

1.1 Need for the study

Alcoholism is harmful not only for the individual but also for his family and the society at large. Particularly the wives of alcoholics are hurt and confused always. She is the victim of addiction who do not use or drink alcohol, but is nevertheless victimized by the problem. She is the victim struggling desperately to solve her problems. So this study is an attempt to identify the level of anxiety faced by the wives of alcohol dependents.

Alcohol consumption is linked to many harmful consequences for the individual drinker, the drinker's immediate environment and society as a whole. Such social consequences are traffic accidents, workplace-related problems, family and domestic problems, and interpersonal violence have been receiving more public or research attention in recent years, indicating a growing interest in a broader concept of alcohol-related consequences.

Klingemann & Gmel (2001) note that a number of studies have demonstrated an association between alcohol abuse and unemployment. Here, a causal association may go in either direction, heavy drinking may lead to unemployment, as suggested by Mustonen, but loss of work may also result in increased drinking, which may become heavy drinking, as indicated by Gallant .With regards to trauma, alcohol is the cause of 10% to 20% of work accidents in France.

Webb et al., 1994 conducted a survey in Australia of 833 employees at an industrial worksite found that problem drinkers were 2.7 times more likely to have injury related absences than non-problem drinkers.

Drinking can impair performance as a parent, as a spouse or partner, and as a contributor to household functioning. There are also other aspects of drinking which may impair functioning as a family member. Drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members destitute. Also, it is worth noting that specific intoxicated events can also have lasting consequences, through home accidents and family violence

Implicit in the habitual drinker's potential impact on family life is the fact that the drinking and its consequences can result in substantial mental health problems of family members.

Al-Anon, a companion organization to Alcoholic Anonymous for spouses and family members of people with alcohol dependence. In interviews with 45 Al-Anon members in Mexico (82% of them the wife of a husband who was alcohol-dependent), 73% reported feelings of anxiety, fear, and depression; 62% reported physical or verbal aggression by the spouse toward the family; and 31% reported family disintegration with serious problems involving money and the children .

The effects of men's drinking on other members of the family is often particularly on women in their roles as mothers or wives of drinkers. Apart from that the risks include violence, HIV infection, and an increased burden in their role of economic providers.

The economic consequences of expenditures on alcohol are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans.

Baklien & Samarasinghe, 2001 conducted in 11 districts in Sri Lanka examining the link between alcohol and poverty found that 7% of men said that their alcohol expenditure was greater than their income. Though a relatively small percentage, this is still a worrying statistic for the families concerned and for those interested in helping the worst-off families.

Alcoholism has negative effects on the spouse of an alcoholic. The spouse may have feelings of hatred, self-pity, avoidance of social contacts, suffer with exhaustion and become physically or mentally ill (**Berger 1993**). A survey “Exposure to Alcoholism in the family”, conducted in 1988 suggested that alcoholism is a major factor of premature widowhood. Alcoholism also is one of the major reasons for divorce.

Spouse of alcoholic clients have their identity in the society as wives of alcoholics .They have to endure years of isolation ,blame of relatives ,lack of friends little money, violence & unsatisfactory sexual relations .The spouse of drinkers suffer

from elevated rates of depression, anxiety and somatic complaints, report level of relationship satisfaction and often are subjected to verbal and physical abuse.

According to Raitasalo and Holmila, the links between the drinkers own concerns and the pressure exerted by the spouse can be particularly troublesome when the individual's own evaluation is not supported by the partner. Notably, this is the case when a person thinks that his drinking is not a problem, but the partner thinks differently and tries to manage his behavior directly in various way; all these are directly related with the spouse's own feeling of strain.

This study will help community health nurses, and psychiatric nurses to identify, various coping strategies adopted by wives of alcoholics and will help them to strengthen the healthy adaptive coping strategies and rectify the maladaptive coping strategies and help to perceive the stressful situations as manageable and challenging

1.2 Statement of the problem

“A Study to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai.

1.3 Objectives of the study

- To assess the level of anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai.
- To evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai.

- To associate the level of anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai and their selected socio demographic variables.

1.4 Hypotheses

H₁ – There is a significant difference between the pretest and posttest level of anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai.

H₂ -There is significant association between the level of anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai and their selected socio demographic variables.

1.5 Operational definition

Evaluation:

In this study it refers to judge or determine the significance, worth or quality of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents.

Effectiveness:

In this study it refers to the extent of reducing anxiety measured by Hamilton anxiety scale.

Progressive muscle relaxation technique:

Progressive muscle relaxation technique is the systematic technique that can be used to achieve a deep state of relaxation.

In this study it refers to the series of commands given by the researcher, to stiff one group of muscle starting from face, neck, shoulder, arm muscles, hand, upper back, abdomen, low back, knees, calve muscles and muscles of feet, and asked to relax, for 5 consecutive days daily in the morning and evening for 30 minutes.

Anxiety

In this study it refers to level of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event situation, often to a degree that normal physical and psychological functioning disrupted was measured by Hamilton anxiety scale .

Spouse of alcoholic dependents

In this study it refers to the partner of the person who are obsessed with alcohol and cannot control how much they consume even if it is causing serious problems at home, work ,and financially.

Deaddiction Centre

In this study it is refer to a ward where the alcohol addicts are admitted for detoxification and provided counseling support for relapse management, occupational modification and family support.

1.6 Assumptions

Spouse of alcoholic dependents may experiencing various level of anxiety.

1.7 Delimitation

- The setting of the study is limited to deaddiction centre, GRH, Madurai.
- The sample size is limited to 40 subjects.
- The period of data collection is limited to six weeks.

1.8 Projected outcome

Practice of Progressive muscle relaxation technique will reduce the level of anxiety by tensing and relaxing the various group of muscles.

Review of
Literature

CHAPTER-II

REVIEW OF LITERATURE

This chapter explains in detail about the review of literature and conceptual framework used for the study. A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. Also, a literature review can be interpreted as a review of an abstract accomplishment.

Literature review serves a number of important functions in research process. It helps the researcher to generate ideas or to focus on a research approach, methodology, meaning of tools and even type of statistical analysis that might be productive in pursuing the research problem.

Review of literature in the study is organized under the following headings.

- 1. Literature related to spouse of alcoholic dependents and anxiety**
- 2. Literature related to effectiveness of progressive muscle relaxation technique on anxiety.**
- 3. Literature related to effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents.**

2.1 Literature related to anxiety among spouse of alcoholic dependents

AlokTyagi, Shubham Mehta (2013) conducted a cross sectional study to identify the correlation between alcohol consumption in husbands and anxiety and suicidal ideation, in their wives. Thirty patients who were wives of persons dependent on alcohol were assessed using PHQ-9 for anxiety and MSSSI for suicidal ideation. 30 subjects recruited in this study were the wives of alcohol dependent men admitted to the de-addiction ward of a hospital in Jaipur, India. Prevalence of anxiety was 62% and suicidal ideation was 44%. Data analysis was done using karlpearson coefficient of correlation .The correlation co-efficient value $r=0.783$ and the $P<0.05$, Results revealed that there is significant positive correlation between alcohol consumption in husbands and anxiety symptoms and suicidal ideation in their wives.

Manikandan k.Mary Antony. P (2012) conducted a study to investigate the influence of anxiety and age difference at marriage on coping styles of spouse of alcoholics. This study was carried out in the selected De-addition centres Kerala. Descriptive research design was used. By applying purposive sampling data was collected from 60 women whose husband's were undergoing deaddiction treatment. To measure the level of anxiety of the respondents, Triat Anxiety Inventory was administered. The completed instruments were collected back and scored and analysed with Two way ANOVA. In this study calculated F value is 2.964 is greater than tabled value 2.045 ($p<0.01$).The study revealed that state anxiety as well as trait anxiety significantly interact each other in all components of coping styles.

Michellacleary, GlenE. Hunt(2012) study was conducted to assess the alcohol use, alcohol problems, and depressive and anxiety Symptomatology among newly married couples in counseling Centre ,Thailand. Descriptive design and purposive sampling technique was used. A sample of Couples (N = 634) were

assessed by using multilevel models to analyze the association between one spouse's alcohol involvement and alcohol problems, and the study concluded that Both husbands and wives marital alcohol problems were associated with wives anxiety and depressive symptoms. The predictive validity of the selected variables were 0.923 (95% CI: 0.944-0.892) for anxiety and 0.796 (95 % CI: 0.751-0.728) for depression. Calculated F value ($F=3.097$) is greater than tabled value ($F=2.564$) ($p<0.01$) Neither spouse's alcohol consumption was associated with wives anxiety and depressive symptoms.

John H.Crystal. (2012) conducted a descriptive study to assess the psychological status of wives of alcoholics. A self -administered questionnaire was administered to the 19-60 years old wives of 100 males referred to the outpatient department of a psychiatric hospital because of a suspected drinking problem... Results indicate that high frequency of impaired psychological status (e.g. anxiety, avoidance feeling , seeking outside help) is associated with a relatively poor treatment outcome. The results depicted that 65% of the respondents experienced low level of anxiety and 35% experienced high level of anxiety, 55% of respondents had mild avoidance feeling and 45% had moderate form of avoidance feeling. 35% of respondents were seeking outside help and 65% were not seeking outside help. The correlation co-efficient value $r=0.699$ and the $P<0.01$. The components, which are most uniformly associated with a poor prognosis, were those that suggested a withdrawal or disengagement from the marital bond negatively correlated with symptoms.

Robert Rosenheck (2009) conducted a study to assess the psychological changes in wives of alcoholic. Descriptive design and purposive sampling technique was used. Minnesota Multiphasic Personality Inventory (MMPI) and the California

psychological inventory (CPI) administered to 30 women whose husbands were participants in an inpatient treatment program for alcoholism. Data from the MMPIs completed by all 30 women and from California psychological inventory .Results revealed that among the respondents 36.9% met the criteria for an anxiety disorder and 33.5 % experienced the depression and the 39% answered for stress. Calculated F value ($F=2.004$) is greater than tabled value ($F=1.098$) ($p<0.05$) indicated that wives of alcoholics are having impaired psychological status such as anxiety, depression stress .

Shodhganga.(2009) conducted a descriptive study to assess the level stress, anxiety, coping behavior of the wives of alcoholic men who were admitted into a therapeutic programme for giving up alcohol drinking, 46samples, aged (22-43years)were administered a questionnaire designed by J.Orford and S.Guthrie for measuring coping behavior of alcoholics as well as competitive state anxiety Inventory. Demographic details were also collected. Education status, type of family and residential status has been significantly associated with high anxiety score and other socio-demographic variables i.e. Gender, Religion, family monthly income and marital status were not associated with high anxiety score. The study findings was calculated F value ($F=4.456$) is greater than tabled value ($F=2.972$)($p<0.01$). It revealed that more than one third of the respondents experienced high level of anxiety and impaired coping behavior and marked level of stress

Nirmala.D, R.K.R.EstherAmudha (2008) conducted a study to identify the demographic condition, economic status and anxiety faced by the wives of alcohol dependents. This study was carried out at the De-addiction center, Khajamalai Ladies Association, Trichy. Descriptive research design was used. By applying simple random sampling data was collected from 100 respondents. To measure the level of

anxiety of the respondents, Hamilton anxiety Anxiety scale was administered. The results depicted that 65% of wives of alcoholics experienced low level of anxiety, 35% were experienced moderate level of anxiety. Data analysis was done using Karl Pearson co-efficient of correlation method. The correlation co-efficient value $r=0.657$ and the $P<0.05$, Hence there is a positive correlation between the economic condition and level of anxiety experienced by the respondents. The study revealed that more than one third of the respondents experienced high level of anxiety.

2.2 Literature related to effectiveness of progressive muscle relaxation technique on anxiety.

Febu Elizabeth joy et al.(2014) conducted an exploratory study to identify the adolescents with social anxiety and teach the JPMR technique to those who would score high on social anxiety scale. The data were collected from 193 high school adolescents in various schools of Kenya. Using Demographic Proforma, Social Anxiety Scale for Adolescent and Tool to Assess the Associated Factors of Social Anxiety. The JPMR technique was administered to the adolescents with moderate to severe social anxiety for one session for 45 minutes for 10 days Descriptive statistics was used, Categorical data was compared using Chi square test, paired 't' test was used to find out the significance difference between the mean pre-test and mean post test scores. Relationship between social anxiety and associated factors of social anxiety were analysed by Spearman rank correlation. The findings stated that 104 (54%) experienced mild social anxiety, 52 (27%) was experienced moderate anxiety, 5 (3%) experienced severe anxiety. The chi square computed to find out the association between social anxiety and selected variables revealed that there was a significant association between age and social anxiety. ($\chi^2= 15.297, df=3, p=0.001$). The mean difference between mean pre-test and post test scores (14.45) was significant at 0.05

level ($t=10.646$ $df=39$ $p=0.001$) indicating JPMR therapy was effective in reducing social anxiety

Yunping Li et al.(2014) conducted a true experimental study to explore the effects of progressive muscle relaxation (PMR) on anxiety, and quality of life (QOL) in patients with pulmonary arterial hypertension (PAH) in chinwong medical college &hospitals, china. One hundred and thirty Han Chinese patients with PAH were randomly assigned to a PMR group and a control group. The control group and the PMR group were comparable at baseline. The PMR group received one session per day for 12 weeks of PMR training. Anxiety level was measured using the state-trait anxiety inventory (STAI). Health-related QOL was measured with SF-36 instrument. The patients were evaluated with STAI and SF-36 before and after the PMR intervention. The control group and the PMR group were comparable at baseline. After 12 weeks of intervention, both groups showed significant improvement in overall QOL ($P<0.05$). The PMR group, but not the control group, showed significant improvement in anxiety, after intervention ($P<0.05$). Moreover, the PMR group showed significant improvement in all QOL domains after intervention; After 12 weeks of intervention, the PMR group showed significant improvement in anxiety, and QOL, The findings of the study revealed that Mean pre-test score was 52.4 and the mean post-test score was 38.14 at 0.05 level of significance hence statiscally the PMR is effective for reducing anxiety.

Maryam zargardesh and Maryam Shirazi.(2013) conducted a quasi-experimental study in three stages on 49 male and female nursing students of Isfahan University of Medical sciences divided into two groups (study and control). In the pre-test stage, demographic data and Sarason anxiety questionnaires were filled by 94 students (of terms 3 and 4). Then, in the intervention stage, the students having test

anxiety were assigned to two groups (study and control), and the progressive muscle relaxation method was performed in the experiment group in two session per day for 10 days. Independent 't' test and chi square test showed no significant difference in demographic characteristics between study and control groups before intervention ($P=0.76$). The results of Mann Whitney test also showed no significant difference in anxiety scores before intervention ($P=0.60$), but this difference was significant after intervention ($p=0.001$) The mean level of anxiety during pretest was 89.82 and during post-test it was reduced to 69.55. There was an effectiveness of progressive muscle relaxation technique was found. The results showed that performing progressive muscle relaxation method was effective in reducing test anxiety among nursing students. It is suggested to conduct educational programs concerning this method in the faculties of nursing to decrease the test anxiety of nursing students.

VP Singh V. Rao Prem V. Sahoo RC (2012) conducted a randomized controlled study of pre-test post-test design, to evaluate the acute effects of music and progressive muscle relaxation (PMR) in hospitalized COPD subjects after a recent episode of exacerbation. In this study 82 COPD subjects were recruited from K.M.C hospitals. After being screened 72 subjects were selected for the study. Results revealed that there was statistically significant in main effect across the sessions for state anxiety ($F = 6.024, p = 0.003$), trait anxiety ($F = 8.222, p = 0.000$), dyspnea ($F = 10.659, p = 0.000$), SBP ($F = 12.889, p = 0.000$), PR ($F = 4.746, p = 0.008$) and RR ($F = 12.078, p = 0.000$). Music and PMR are effective in reducing anxiety and dyspnoea along with physiologic measures such as SBP, PR and RR in two sessions in COPD patients hospitalized with exacerbation.

Hairul Anuar Hashim et al. (2012) conducted a study to compare the effects of two different techniques, namely progressive muscle relaxation (PMR) and internal

imagery on state anxiety among taekwondo players in Malaysia and Iran. The method was designed by eighty eight taekwondo players (Mean age: 12.79) were randomly assigned into 4 groups. The subjects were given by 24 sessions of PMR and internal imagery for 8 weeks. State Trait Anxiety inventory (STAI) was used. Two statistical analysis were used. Descriptive statistics were used for data screening and two way repeated measurements ANCOVA was used to examine between group differences. Data were analysed using SPSS. The findings of the study mean level of anxiety during pretest was 89.82 and during post-test it was reduced to 69.55 for progressive muscle relaxation, for the internal imagery mean level of anxiety during pretest was 56.47 and during post-test it was reduced to 50.55. Hence, it is concluded that these two techniques have effects on reduce somatic and cognitive anxiety and increase self confidence in Malaysian and Iranian -taekwondo players.

Nilhan Sezgin & Bahar Ozcan (2010) conducted a randomized controlled study to investigate the effect of Emotional Freedom Techniques (EFT) and Progressive Muscular Relaxation (PMR) on test anxiety. A group of 312 high school students enrolled at a private academy were evaluated using the Test Anxiety Inventory (TAI). Scores for 70 students demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. After 2 months, subjects were retested using the TAI. A statistically significant decrease occurred in the test anxiety scores of both the experimental and control groups. The EFT group had a significantly greater decrease than the PMR group ($p < .05$). The scores of the EFT group were lower on the Emotionality and Worry subscales ($p < .05$). Both groups scored higher on the test examinations after treatment. The result for EFT is ($F = 6.024, p = 0.003$), and for the PMR group is ($F = 5.222, p = 0.000$). Although the improvement was greater for the EFT group, the difference was not statistically

significant. The emotional freedom techniques group had a significantly greater decrease than the PMR group.

B.Navaneethan & R. Sundararajan. (2009). Conducted a study to determine the effectiveness of the muscle relaxation program in reducing anxiety and action strategy and prepare to relax muscular progressive among volley ball players. The researcher used the experimental method, and the study consisted of 24 male volley ball players from PSG College of Arts and science, Coimbatore. Competitive State Anxiety Inventory -2 (CSAI-2, Martens et al.1990) was used . Experimental group was given with progressive muscle relaxation for 3 days a week for 6 week. Paired 't' test were Used to test the effect of treatment groups individually between pre-test and post-test of all groups on variables used in the study. The result of the study shows that PMRT had an impact in reducing anxiety among experimental group ($t=9.53$) with mean difference 1.42 as compared to control group ($t=1.45$) with mean difference of 0.30. The results of the study are, statistically significant differences between the control and experimental groups in the post-test; this means that the reduction in degree of anxiety competition at the end of the Training .

Heidi A Larson (2009) Conducted an experimental study on effect of progressive muscle relaxation on anxiety among chronically ill patients in a selected hospital Mangalore. An evaluative approach with one group pre-test post-test design was adopted. 73 chronically ill patients with diabetes mellitus, hypertension, and low back pain were purposively selected for administering Zung self-rating anxiety scale for identifying the level of anxiety. Out of the 52 patients scored above 44, 35 subjects were selected. Progressive muscle relaxation was given for 15-20 minutes daily to each subject for 2 weeks. Descriptive statistics was used, Categorical data was compared using Chi square test .paired 't' test was used to find out the

significance difference between the mean pre-test and mean post test scores. The findings showed that Mean pre-test score was 22.08 with mean difference 1.58 and the mean post-test score was 20.50 with mean difference 1.58 ($t=10.65$). There was a significant difference between pre and post test scores. It indicates the impact of progressive muscle relaxation in reduction of anxiety score.

Dellora et al. (2009) conducted a study to determine the effectiveness of progressive muscle relaxation technique on anxiety among elderly people. Data was obtained from the 40 elderly persons staying in Sarvodaya old age home in Gujarat. Through the standard State Trait Anxiety Inventory Scale the level of anxiety was assessed. Purposive sampling technique was used. The research design of the study was quasi experimental design. The progressive muscle relaxation was given for subjects for two sessions per day for one week. Independent 't' test was used for statistical analysis. The results depicted that 45% of the respondents experienced low level of anxiety and 35% experienced moderate level of anxiety, 20% experienced high level of anxiety. The mean level of anxiety during pretest was 89.82 and during post-test it was reduced to 69.55. Hence there is a significant difference in the mean scores of anxiety. It indicates the effectiveness of progressive muscle relaxation technique in reducing anxiety.

Thomas S.Parish (2008) conducted an experimental study on effect of progressive muscle relaxation therapy in reducing stress and anxiety of cancer patients in Vellore. A total of 60 patients were randomly assigned to treatment and control groups. The experimental group was given by PMR once a day for 4 weeks. Global assessment of recent stress for stress assessment and Taylor's anxiety scale for anxiety assessment were used. Descriptive statistics was used, Categorical data was compared using Chi square test. Paired 't' test was used to find out the significance

difference between the mean pre-test and mean post test scores. The results revealed that pre-test level of anxiety was 22.75, post-test level of anxiety was 21.25 with SD 0.151, ($t=9.95$) for experimental group. For control group, the pre-test level of anxiety was 21.75, post-test level of anxiety was 21.50 with SD 0.910 ($t=1.22$) mean score of anxiety among experimental group was 1.17 and that of control group was 3.9. The study stated that there is a significant relationship between anxiety and progressive muscle relaxation at 0.05 level of significance .

Cheyung YL et al.(2003) conducted a randomized controlled study with 59 colo rectal cancer patients after stoma surgery. Control group receive routine care and experimental group receive routine care and PMRT through two teaching sessions and practice at home for the first 10 weeks. Two statistical analysis were used .Descriptive statistics were used for data screening and two way repeated measurements ANOVA was used to examine between group differences. The mean score of anxiety among experimental group was 3.098 and that of control group was 5.239 at 0.005 level of significance . The use of PMRT significantly decrease the state anxiety and improved generic quality of life in the experimental groups ($P<0.05$).This study recommended that the use of PMRT should be incorporated in the long term care of colo rectal cancer patients ,as it can improve their psychological health and quality of life.

Chenwc (1996) conducted an experimental randomized controlled trial study using repeated measures. Study participants were acute psychiatric inpatients in Taiwan. Eighteen patients were block randomized and then assigned to an experimental and control group. The experimental group received progressive muscle relaxation training and the control group received a placebo intervention. Results from the Beck anxiety inventory were compared between groups as a pretest.

In pretest, clients are having 18.27 mean score and in posttest they are having 10.73 score. Difference is 7.54. This difference is statistically significant. The degree of anxiety improvement was significantly higher in the progressive muscle relaxation training group than in the control group after progressive muscle relaxation training intervention.

2.3 Literature related to effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents.

Kaur Ramanpreet (2014) conducted a quasi-experimental study on 60 spouse of alcoholic clients to assess the effectiveness of progressive muscle relaxation therapy in reducing anxiety in selected various alcoholic rehabilitation centres of Ludhiana, Punjab. 50 spouse of alcoholic clients in experimental group was given by progressive muscle relaxation for one week twice a day. The result of the study shows that PMRT had an impact in reducing anxiety among experimental group ($t = 16.32$) as compared to control group ($t = 0.47$) ($p < 0.05$). The level of anxiety reduces in experimental group after PMRT, therefore guidelines were given to the control group for PMRT to reduce their anxiety level.

Sikander Nayak et.al (2014) conducted a quasi-experimental study, with pre and post-test without control group design was undertaken on 100 female spouse of alcoholic patients in de-addiction centre of Cuttack, Odisha, to assess the effectiveness of progressive muscle relaxation technique to relieve anxiety among spouse of alcoholic patients. The samples were selected by purposive sampling technique. Data were collected from 24.06.2014 to 07.07.2014 through Hamilton anxiety scale. PMRT was given for twice a day for 5 days. The data collected were analyzed by using descriptive and inferential statistics. Findings revealed that in pre-test the highest (67%) of the spouse of alcoholic patient had panic level of anxiety

related to physical factor and highest 45% of them had severe level of anxiety in economical factor. The mean level of anxiety during pretest was 56.52 and during post test it was reduced to 48.45. Hence there is a significant difference in the mean scores of anxiety, the author concluded that progressive muscle relaxation was very effective for anxiety among spouse of alcoholic patients

Liping Zhao, Haishan Wu, Xihong Zhou (2012) conducted a controlled, randomized, open-label study. One hundred consecutive Chinese spouse of alcoholic clients, aged 18-48 years, were randomly assigned to a PMR group (n=50) and a control group (n=50). After 12 weeks of intervention, both groups showed significant improvement. Mean value of experimental group is 0.15 and standard deviation is 0.40, and control group mean value is 0.06, standard deviation is 0.26. The PMR group, but not the control group, showed significant improvement in state anxiety, trait anxiety and depression after intervention

Francis, Neethu; D'silva, Fatima 2012 conducted a randomized control study to test the effectiveness of Jacobson's Progressive Muscle Relaxation Technique on anxiety among 60 spouse of alcoholic clients in selected de-addiction center, Mangalore. The experimental group was subjected to the intervention (PMR) for 30 minutes daily for a period of 5 days. Both the groups (Experimental and Control) were observed with pretest and post-test. The mean pre-test score of anxiety in the experimental (30) and control group (30) were 16.667 and 16.70 respectively. Psychological factors (74.137%) affected anxiety more than the environmental factors (65.989%). Repeated measures ANOVA revealed a significant difference in the anxiety from Day 1 to Day 5 ($F_{\text{Cal}}=378.38 > F_{\text{tab}}(1, 4) = 7.71, p<0.005$). The Bonferri multiple comparison test revealed a significant improvement in the anxiety from day 2 onwards. The calculated t-value of anxiety was 17.892, was more than the

table value $t_{tab}(58) = 2.00$, $p < 0.05$. Hence, the study revealed a significant improvement in the anxiety in the experimental group after PMR. revealed that 5 days of progressive muscle relaxation therapy was very effective for spouse of alcoholic patients anxiety. Thus nurses have to be trained in providing cost effective, non pharmacological therapies like PMR to enhance the comfort of the client.

Pragya Pathak et al (2012) conducted quasi experimental study using pre-test post-test control group design. Total of 100 participants, 50 in each intervention and control group were included from selected de-addiction centre in Canada. PMR was given for 5 days 30 minutes for each session, twice a day. Hamilton Anxiety scale was used . The mean anxiety score is 10.6 was more than mean post test score 5.4 after receiving progressive muscle relaxation technique, the 't' value is 7.14. The results revealed that there was significant decrease in Pre to Post-assessment mean anxiety scores ($p < 0.05$) of study participants in intervention group .Progressive muscle relaxation was found effective to significantly reduce anxiety in spouse of alcoholics. This study, reveal the implication and importance of PMR to reduce anxiety among spouse of alcoholic clients. Hence , it was proved that PMR is effective in reducing anxiety.

Choi (2010) , conducted a comparative study to examine the effectiveness of music and progressive muscle relaxation (PMR) on anxiety, and fatigue, in spouse of alcoholic patients. The study involved 32 Chinese spouses who had been caregiving in alcoholic for more than two weeks in alcoholic rehabilitation centre. Participants received one of four conditions (silence, just music, just PMR, and music with PMR) for 30 minutes, twice weekly, for two weeks. The researcher conducted pre- and post-tests for anxiety and fatigue before and after each individual session .There were significant decrease in anxiety ($F=28.45, P<0.001$) and fatigue ($F= 26.27, P<0.001$). The

research showed a significant decrease in anxiety and fatigue across all four conditions after two weeks.

Fengliyu (2009) conducted an experimental study in Japan on application of relaxation in spouse of alcoholic clients, by comparing the three groups: relaxation group (progressive muscle relaxation and modified autogenic training); ordinary supportive psychotherapy group, and finally no psychiatric treatment group. The findings was $F=6.68, P=0.002$ for experimental group, and the control group findings was $F=4.58, P=0.012$. There were no significant differences in the scores (except for anger) among the three groups. The two results suggest that a combination of progressive muscle relaxation and modified autogenic training is a useful method, which can be easily employed in spouse of alcoholic clients.

SermsakLolak et al.(2008) conducted a prospective, randomized controlled study to examine the effect of progressive muscle relaxation (PMR) training on anxiety and depression in spouse of alcoholics in various alcoholic rehabilitation centre in Taiwan. The standard program included 2 days per week of exercise, education and psychosocial support delivered by a multidisciplinary team. The intervention group received additional sessions of PMR training using a prerecorded tape for 25 min/week during weeks 2-8. For anxiety, there was an overall significant improvement within each group over time mean =9.46, standard deviation =7.84 ($p < 0.0001$). In statistical significance, the results favored the PMR group for weeks 5-8. Depression scores were lower for the PMR throughout weeks 1-8. The author concluded that PMR is effective in reducing anxiety and depressive level in spouse of alcoholic clients.

2.4 Conceptual framework

Denise F. Polit, and Cheryl models, like theories, provide context for nursing studies. Framework is conceptual underpinning of a study. In many studies, the framework is implicit, but ideally researches clarify the conceptual definitions of key concepts. Several conceptual models of nursing have been developed and have been used in nursing research. The concept central to models of nursing are person, environment, health, and nursing. Schematic models are representations of phenomena using symbols or diagrams. Statistical models use mathematic symbols to express quantitatively the nature and strength of relationships among variables.

In this study researcher utilized a framework based on the Modified Sister Callista Roy's Adaptation Model. As per the Roy's view, person is a bio psycho social being in constant interaction with the changing environment. Human beings are tried to sustain balance between the bio psycho social factors and the outside environment. The adaptation level is constantly changing point, made up three stimuli said to be focal, contextual and residual stimuli. Here the focal stimuli of the person are constant interaction with changing environment. The person cope with changing world, the individual used both innate and external stimuli and thereby obtain coping mechanism from the environment. The researchers considers progressive muscle relaxation technique as a focal stimuli to the anxiety of spouse of alcoholic.

The human beings adaptive level such as that it comprised a zone indicating the range of stimulation that lead to a positive responses that the integrity of the self in return of goal of adaptation and survival of growth and mastery. It has four models namely physiological mode. Self-concept mode, role performance mode and interdependence mode.

Input

Through the process of selecting the model regulates the types and the amount of input received, some types of inputs are used immediately in their original state. Input refers to the actual planning of action to send the information to open system. Input refers target group with their characteristics level of competencies and interest. Socio demographic variables would have some influences on anxiety among spouse alcoholic dependents, such as age, religion, education, occupation, total income of the family, type of family, residential status, number of children, duration of consumption of alcohol of their husband, any physical illness, previous relaxation experience. pretest to assess their level anxiety, and the intervention is progressive muscle relaxation technique which was given for 30 min twice a day for 5 consecutive days.

Process

Physiological mode- the basic action of this mode is enhance the physiological integrity and is composed of the needs associated with oxygenation, circulation, nutrition, elimination, activity and rest and protection. The complex of this mode are associated with the senses, fluids and electrolytes, neurological function and endocrine functions. Progressive muscle relaxation technique enhances the physiological integrity and thus it results in increase sleep, maintain neurological functioning, feels active and energetic.

Self-concept mode this mode relates to the basic need for psychic integrity. Its focuses is on the physiological and spiritual aspects of the person. Progressive muscle relaxation technique enhance the body sensation and makes an individual to feel self-consistency, self-idea and ethical-moral-spiritual self. Self-consistency represents the person efforts self-organization and to avoid disequilibrium. Self-ideal

represents what the person expects to be and do, and moral-ethical-spiritual self represents the persons belief system and self-evaluation.

Role function mode this mode identifies the patterns of social interaction of the person in relation to others reflected by the primary, secondary and tertiary rules. Behaviors in this mode are said to be instrumental or expressive behavior. Progressive muscle relaxation technique enhance the instrumental behaviors and thus results in long term orientation mastery over the feelings, able to ventilate or express emotions in proper manner. Enhance attitudes and enhance social integrity such as increase group performance, increase independency and increase social activity.

Interdependent mode in this interdependent mode, the affectional needs are met. Progressive muscle relaxation technique helps to reflect the strong humanistic values such as love, affection, human values, and affirmation and maintain good interpersonal relationship.

The researches believes that the overall action of these four modes, said to be the output of the study, will reduce anxiety, increase interpersonal relationship increase energy level, promotes self-esteem, increase emotional well being and improve quality of life among the spouse of alcoholic dependents

Output

Output is the end result of nursing interventions. Output can be adaptation to the stimuli or mal adaptation to the stimuli. In this study, adaptation leading to reduction of anxiety or mal adaptation leading to no changes in the level of anxiety among the spouse of alcoholic dependents.

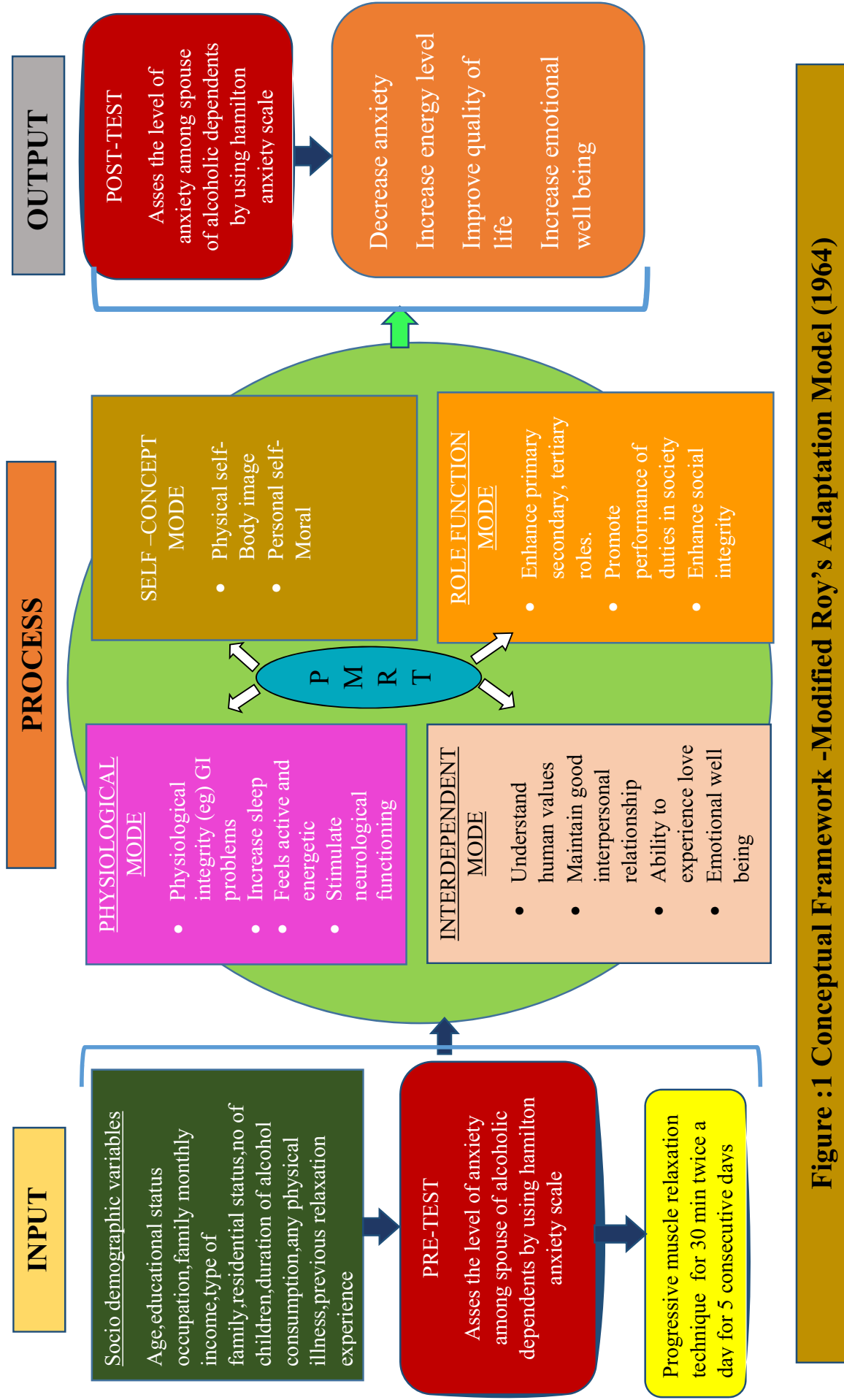


Figure :1 Conceptual Framework -Modified Roy's Adaptation Model (1964)

CHAPTER-III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for assembling valid and reliable data for investigation. This chapter provides a brief explanation of the method adopted by the investigator in this study. It includes the research approach, research design, and variables, setting of the study, population, sample and sample size, sampling technique, description of the tool, pilot study, data collection procedure and plan for data analysis.

The present study aimed to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre, Government Rajaji Hospital ,Madurai.

3.1 Research approach

A quantitative evaluative research approach was used in this study.

3.2 Research design

The research design used for this study is Pre- experimental one group pretest posttest design.

Pretest	Intervention	Post test
O_1	X	O_2

O_1 - Pretest level of anxiety among spouse of alcoholic dependents

X- Intervention of progressive muscle relaxation technique,30 minutes daily in the morning and evening for 5 consecutive days.

O_2 - Post test level of anxiety among spouse of alcoholic dependents .

3.3 Research variables

Variables of the study included;

Research

Methodology

Independent variable: Progressive muscle relaxation technique

Dependent variable: level of anxiety

3.4 Settings of the study

The study was conducted at the deaddiction centre, Government Rajaji Hospital Madurai. It is the second biggest Government Medical college Hospital in Tamilnadu. It has all speciality departments .This is one of the main psychiatric institution serving the people of south Tamilnadu. The Hospital is equipped with bed strength of 2543 beds. Psychiatric ward is equipped with bed strength of 50 beds with an annual census of 5800 patients and deaddiction ward with 10 beds and annual census of 744-816 patients.

3.5 Population

Target population

The study population comprises of spouse of alcoholic dependents.

Accessible population

The accessible population comprises of spouses of alcoholic dependents at deaddiction centre, GRH, Madurai.

Sample

The sample consist of the spouse of alcoholic dependents at deaddiction centre, GRH, Madurai and those who fulfill inclusion criteria

3.7 Sample size

The sample size was 40 spouse of alcoholic dependents.

3.8 Sampling technique

Sampling Technique used in the study was non probability sampling (consecutive sampling) technique.

3.9 Criteria for sample selection

Inclusion criteria

- Spouse of alcoholic dependents who were staying in deaddiction centre, Government Rajaji Hospital, Madurai.
- spouse of alcoholic dependents with mild and moderate anxiety
- spouse of alcoholic dependents those who were understand Tamil.

Exclusion criteria

- who were not willing to participate in the study.
- who were having musculoskeletal disorder.
- who had severe anxiety
- who were not available during data collection.

3.10 Research tool and technique

The technique used in this study was self report method.

Description of tool

The tool consisted of two sections

Section A

It consisted of socio demographic variables such as age, religion, educational status, occupation, monthly family income, type of family, residential, number of children, duration of alcohol consumption, any major physical illness, previous experience of practicing relaxation technique.

Section B

Consisted of Hamilton anxiety scale

It is a 14 items questionnaire with each answer scored on a scale ranging from 0-5 which was designed to measure the level of anxiety.

3.11 Scoring

Scores were calculated by summing the scores of the given items. The scores of each respondent over the scales are then evaluated as per the severity.

Less than 17 indicates mild anxiety

18-24 indicates moderate anxiety

25-30 indicates severe anxiety

31-56 indicates very severe anxiety

3.12 Validity of the tool

In order to measure the content validity, the questionnaire was given to 3 experts in the field of psychiatric nursing, psychiatrist and clinical psychologist and statistician. They were requested to check the relevance, sequence and adequacy of the items. The tool was first drafted in english and translated to tamil by an expert. Language validity was established by retranslation of tool in to english.

3.13 Reliability of the tool

The reliability of an measuring instrument is a major criterion for assessing its quality and adequacy. Reliability is the consistency with which it measures the target attribute. The reliability of a tool was done by test retest method $r = 0.93$. Hence the tool was reliable and was used in this study.

3.14 Pilot study

A pilot study was conducted at deaddiction centre, Government Rajaji Hospital Madurai, to test the feasibility, relevance and practicability of the

intervention from 01.06.2015 to 07.06.2015 among 10 spouse of alcoholic dependents. The findings of the study revealed that there was a significant reduction in the level of anxiety among spouse of alcoholic dependents at Government Rajaji Hospital Madurai. It revealed that the study was feasible and practicable.

3.15 Data collection procedure

Method of data collection

The data collection procedure was done at deaddiction ward, Government Rajaji Hospital, Madurai. Prior to the data collection, Ethical clearance was obtained from the Ethical Committee of Government Rajaji Hospital, Madurai, and from the Professor and H.O.D Department of psychiatry to conduct the study. And written permission obtained from the Principal, College of Nursing, Madurai Medical College, Madurai. Verbal and written informed consent was obtained from all the study participants. Data collection was done for six weeks from 01.08.2015 to 13.09.2015 at De-addiction ward, Government Rajaji Hospital, Madurai.

- Self-introduction done and explained the nature of the study to spouse of alcoholic dependents.
- Pre-test was done on the first day by using Hamilton anxiety scale.
- Session starts with 4 minutes of explanation and 4 minutes of breathing relaxation exercises.
- 6 subjects in first week and 7, 8, 7, 6, 6, in forthcoming weeks respectively upto 6 weeks.
- Then the commands given by the researcher , to stiff one group of muscle starting from face, neck, shoulder, arm muscles, hand, upper back, abdomen, low back, knees, calve muscles and muscles of feet, (contracting 10 seconds

and holding 10 seconds) and asked to relax for 20 seconds .each group of muscle repeated for 3 times.

- Sessions were conducted daily morning (10.30-11.00am) and evening (3.00-3.30 pm) two sessions per day for 30 minutes.
- A period of 5 days was allowed for client to practice progressive muscle relaxation technique
- On the 6th day posttest was done

3.16 Plan for data analysis

The data analysis involved the translation of information collected during the course of research project into an interpretable and managerial form. It involved the use of statistical procedures to give an organization and meaning to the data. To compute the data, a master sheet was prepared by the investigator. Descriptive and inferential statistics used for data analysis.

Descriptive statistics

1. Analysis of socio demographic variables was done by using frequency and percentage.
2. Anxiety among spouse of alcoholic dependents was analyzed by computing frequency, percentage, mean and standard deviation.

Inferential statistics

1. Paired “t” test was used to examine pretest and posttest level of anxiety among spouse of alcoholic dependents in deaddiction centre.
2. Chi-square analysis was used to find out the association between posttest level anxiety among spouse of alcoholic dependents and selected socio demographic variables

3.17. Protection of human rights

The research proposal was approved by the ethical committee experts prior to the pilot study and permission was obtained from the Professor and H.O.D, Department of Psychiatry. An informed verbal and written consent was obtained from the each study subject before starting the data collection , and assurance was given to the study subjects that confidentiality and privacy would be maintained throughout the study. The subjects were informed that they can withdraw from the study at any time.

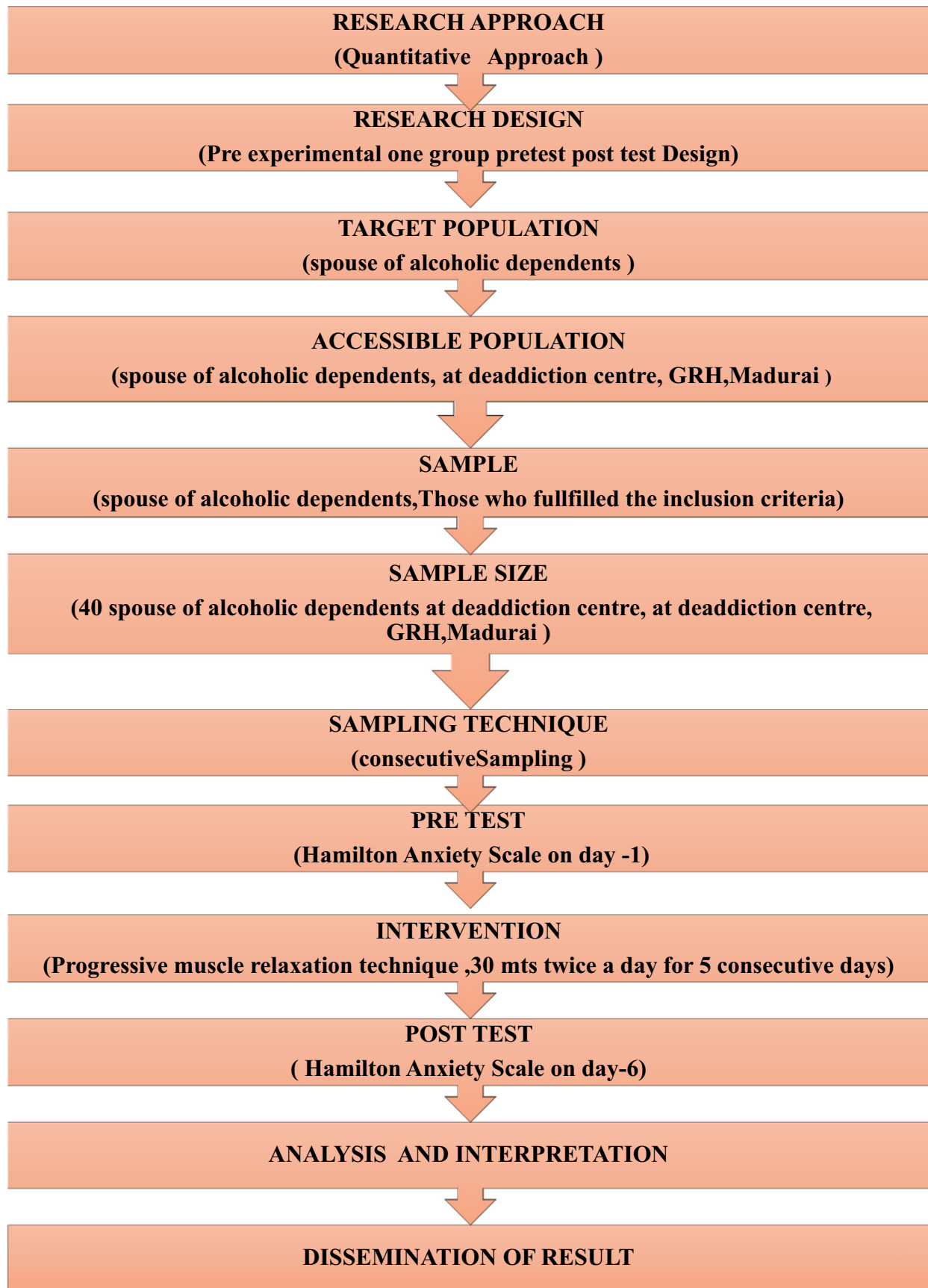


Figure:2 Schematic Representation of Research Methodology

Data Analysis
And
Interpretation

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter explains the statistical analysis performed on the collected data. Analysis is the method for reading quantitative data meaningful and intelligible information, so that the research problem can be studied and tested, including relationships between the variables.

The data assembled, analysed, tested, for their significance. The findings based on the statistical analysis are presented in this chapter. Descriptive statistics was used for analyzing data in the light of objective of the study

The data collected were interpreted under the following sections

Section I

Distribution of spouse of alcoholic dependents according to their socio demographic variables.

Section II

Description of level of anxiety among spouse alcoholic dependents.

Section III

Effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents.

Section IV

Association between the level of anxiety among spouse of alcoholic dependents and their selected socio demographic variables.

Section-I

Distribution of spouse of alcoholic dependents according to the socio demographic variables.

Table-1: Frequency and Percentage Distribution of spouse of alcoholic dependents according to their selected socio demographic variables

(n=40)

Socio Demographic Variables		f	%
Age	21 - 35 yrs	23	57.5%
	36 - 50 yrs	17	42.5%
Religion	Hindu	32	80.0%
	Christian	8	20.0%
Educational status	No formal Education	1	2.5%
	Primary Education	11	27.5%
	High School	20	50.0%
	Higher Secondary	8	20.0%
Occupation	Coolie	20	50.0%
	Self-employment	13	32.5%
	House wife	7	17.5%
Family monthly income	Less than Rs.2000	29	72.5%
	Rs.3001-Rs.5,000	11	27.5%
Type of family	Joint family	23	57.5%
	Nuclear family	17	42.5%
Residential status	Rural	30	75.0%
	Urban	10	25.0

No of children	Two children	24	60.0%
	more than two children	16	40.0%
Duration of alcohol consumption	1 to 5 years	18	45.0%
	more than 5 years	22	55.0%
Any physical illness	Yes	7	17.5%
	No	33	82.5%
Previous relaxation experience	Yes	6	15.0%
	No	34	85.0%

Table 1 reveals that majority of spouse of alcoholic dependents 23 (57.5%) were in the age group of 21 -35 years,17 (42.5%) were in the age of 36-50 years.

Most of the subjects 32 (80%) were belonged Hindu religion ,and 8 (20%) were belonged Christian .

Regarding educational status, majority of the subjects, 20 (50%) have studied up to high school education, 11 (27.5%) studied up to primary education and 8 (20%) studied up to higher secondary, 1 (2.5%) of spouse of alcoholic dependents had no formal education.

While discussing Occupation, majority 20 (50%) were working as coolie, 13 (32.5%) were self-employed, and 7 (17.5%) were House wife.

When comparing the family monthly income, majority of the subjects 29 (72.5%) were earning less than Rs.3000, and 11 (27.5%) were earning Rs.3000-5000.

Regarding type of family, majority of them 23 (57.5%) were living in the nuclear family, and least 17 (42.5%) were living in joint family.

When comparing the nature of residential area, majority of spouse of alcoholic dependents 30 (75%) were hailed from rural area, 10 (25%) were hailed from urban area.

According to the number of children, majority of subjects, 24 (60%) were having two children and 16 (40%) were having more than two children.

Regarding duration of consumption of alcohol, majority of subject's husband 22 (55%) were consuming alcohol more than 5 years of period, 18 (45%) were consuming alcohol 1 year to 5 years of period.

When comparing the physical illness, majority of the subjects 33 (82.5%) were not having any physical illness and least 7 (7.5%) were having physical illness.

Regarding the previous experience of practicing relaxation techniques, majority of subjects 34 (85%) were not practiced relaxation technique previously and the least 6 (15%) were practiced previously.

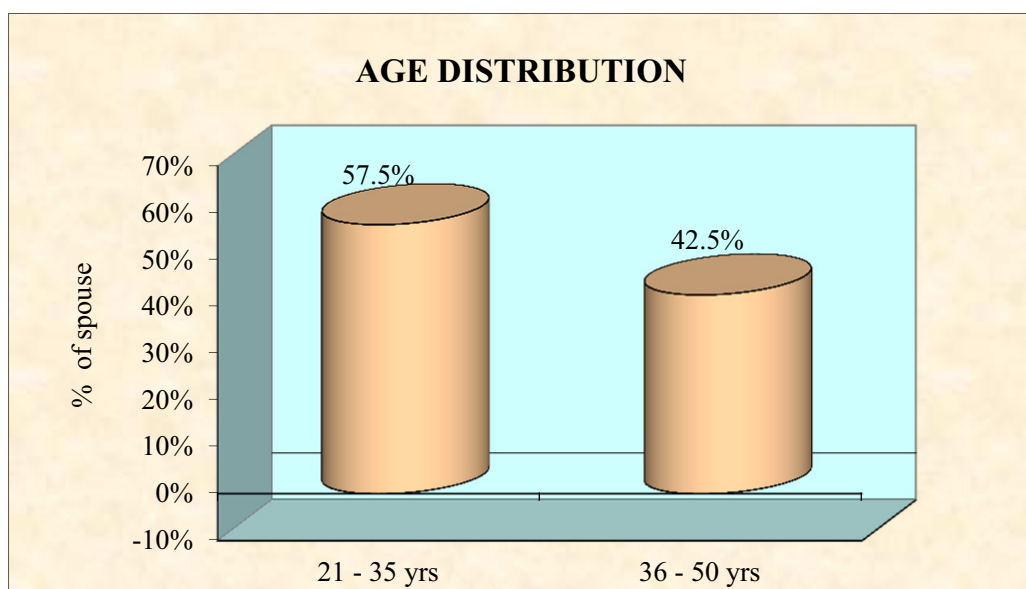


Figure 3: Cylinder diagram portrays the distribution of spouse of alcoholic dependents in deaddiction centre according to their age.

Majority of spouse of alcoholic dependents 23 (57.5%) were in the age of 21 - 35 years, 17 (42.5%) were in the age group of 36-50 years.

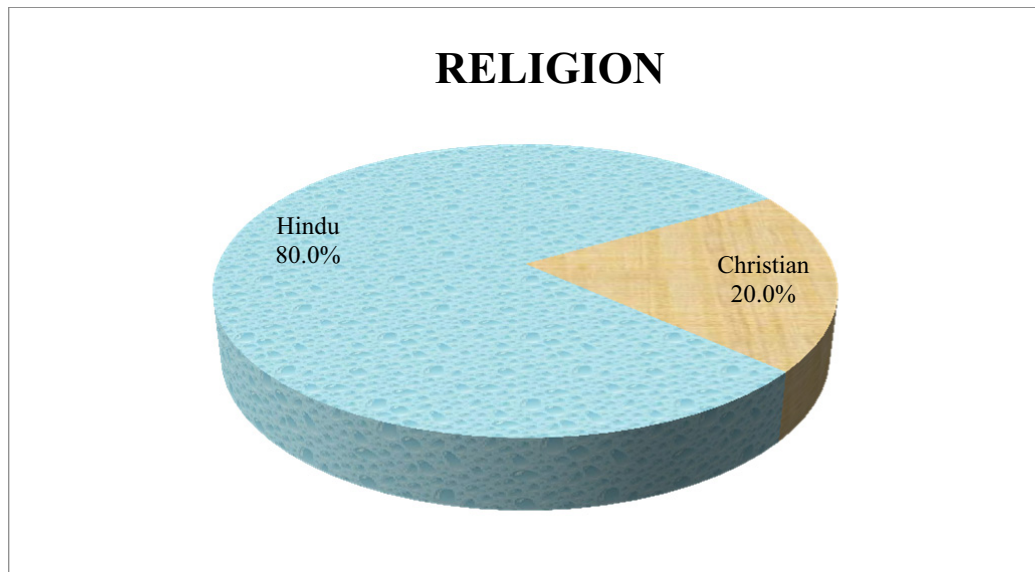


Figure 4: Pie diagram identifies the distribution of spouse of alcoholic dependents in deaddiction centre according to religion.

Most of the subjects 32 (80%) were belonged Hindu religion ,and 8 (20%) were belonged Christian.

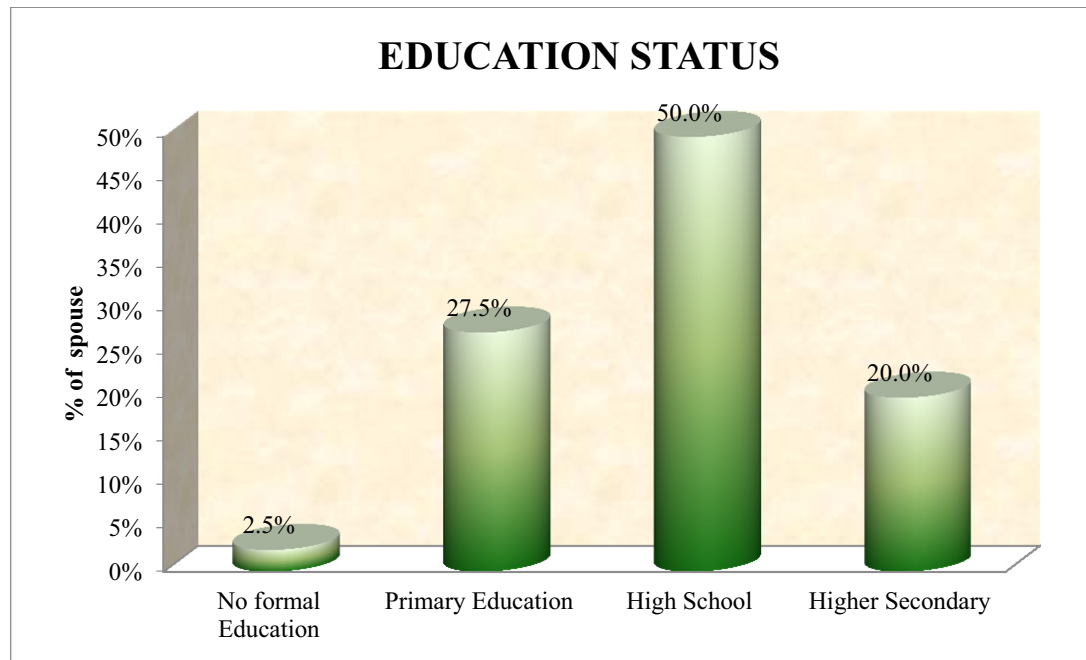


Figure 5: Cylinder diagram states the distribution of spouse of alcoholic dependents in deaddiction centre according to their educational status.

Majority of the subjects, 20 (50%) have studied up to high school education, 11 (27.5%) studied up to primary education and 8 (20%) studied up to higher secondary, 1 (2.5%) of spouse of alcoholic dependents had no formal education .

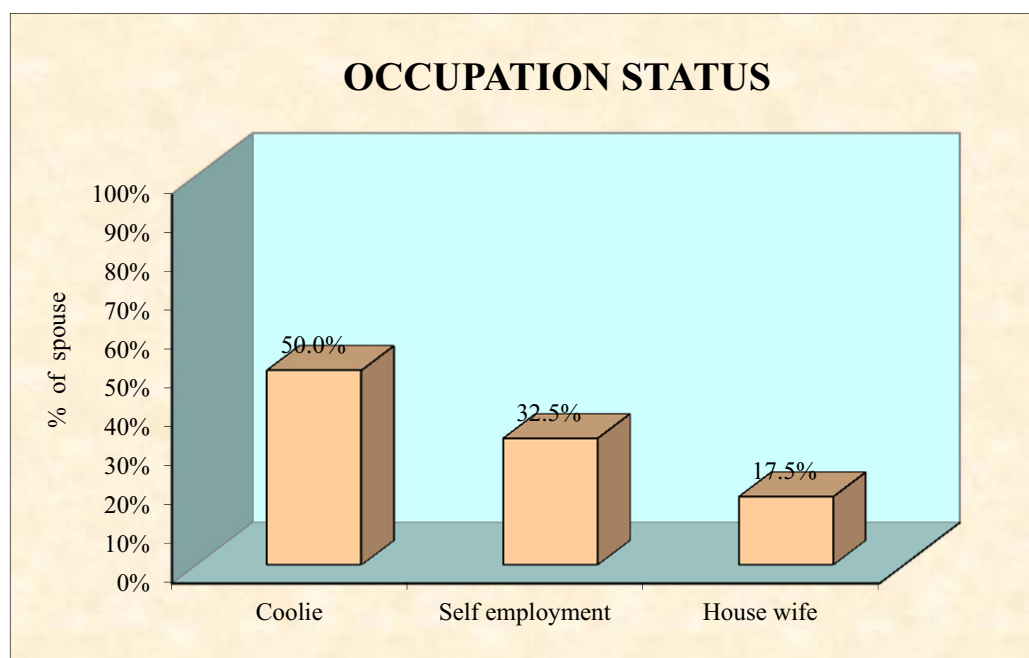


Figure 6: Simple bar diagram manifests the distribution of spouse of alcoholic dependents in deaddiction centre according to their occupational status.

Majority 20 (50%) were working as coolie, 13 (32.5%) were self-employed, and 7 (17.5%) were House wife.

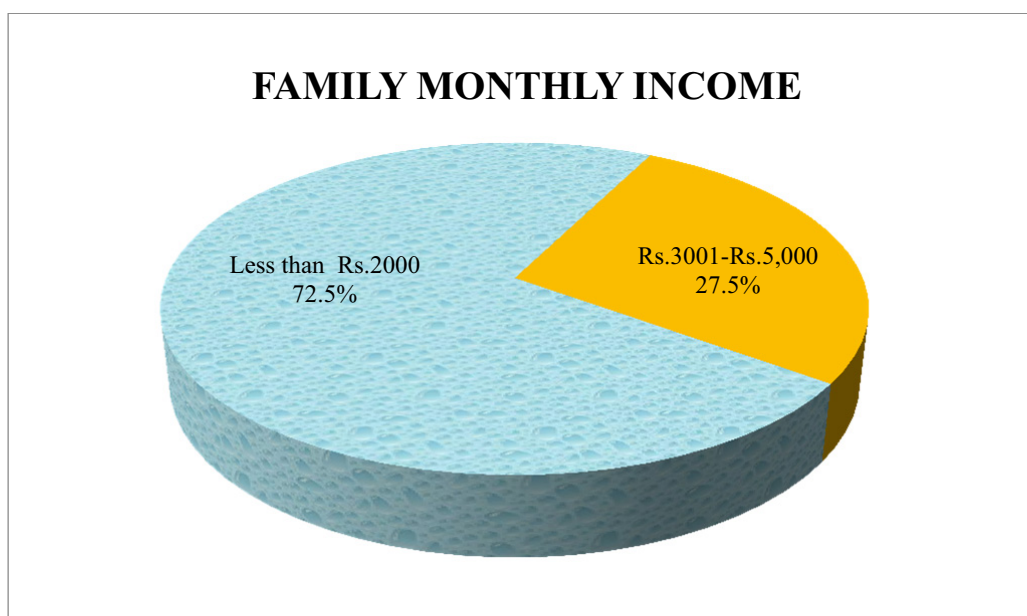


Figure 7: Pie diagram depicts the distribution of spouse of alcoholic dependents in deaddiction centre according to their family monthly income.

Majority of the subjects 29 (72.5%) were earning less than Rs.3000, and 11 (27.5%) were earning Rs.3000-5000.

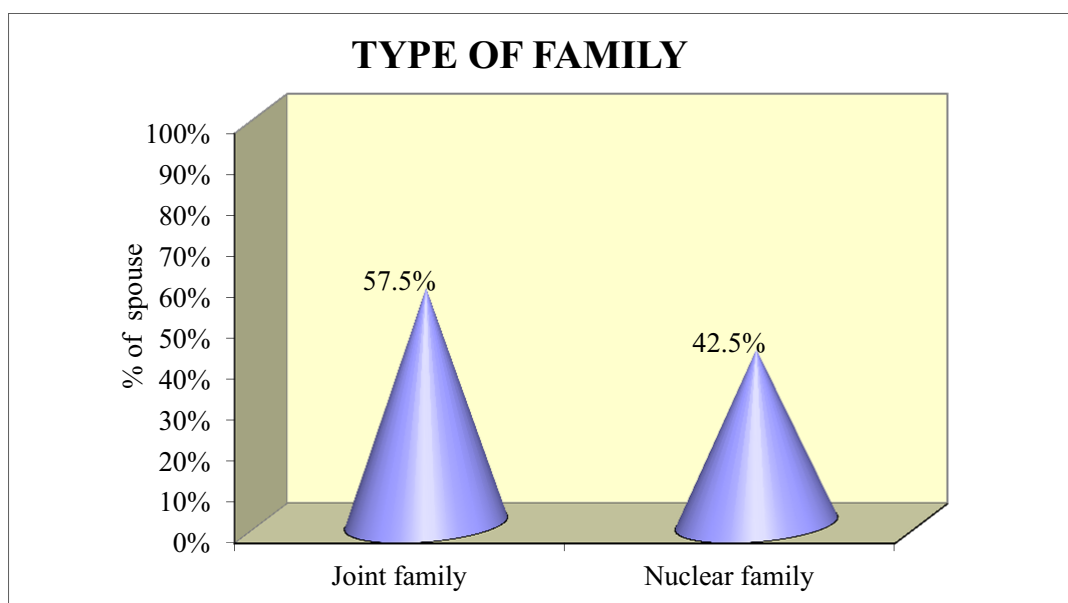


Figure 8: Cone diagram identifies the distribution of spouse of alcoholic dependents in deaddiction centre according to their type of family.

Majority of them 23 (57.5%) were living in the nuclear family, and least 17 (42.5%) were living in joint family.

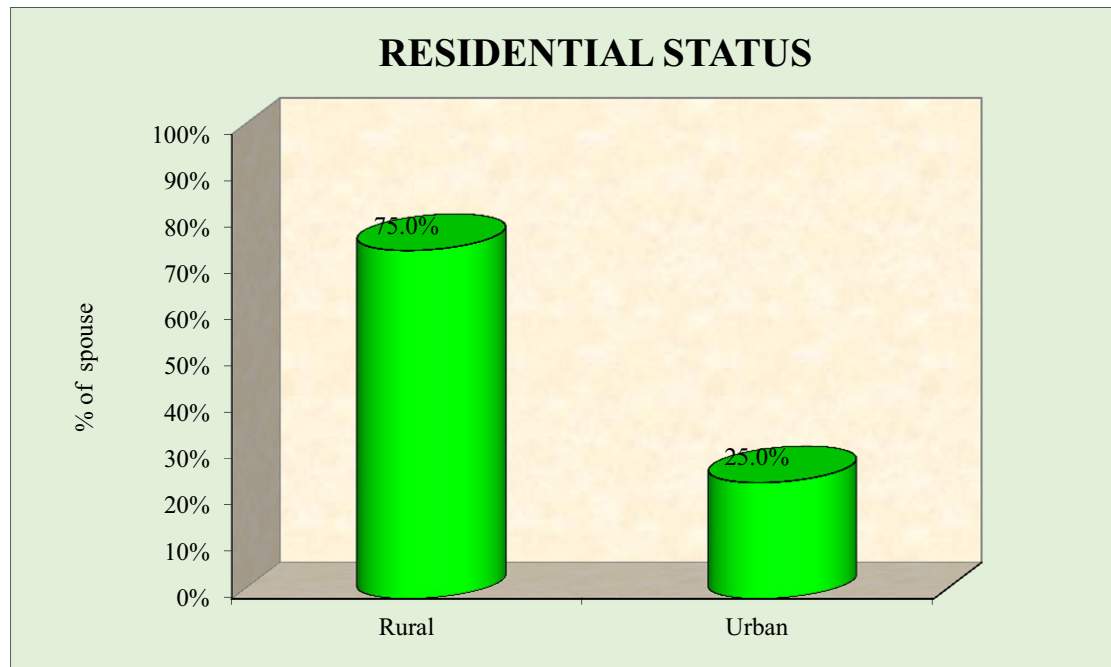


Figure 9: Cylinder diagram explains the distribution of spouse of alcoholic dependents in deaddiction centre according to their residential status.

Majority of spouse of alcoholic dependents 30 (75%) were hailed from rural area, 10 (25%) were hailed from urban area.

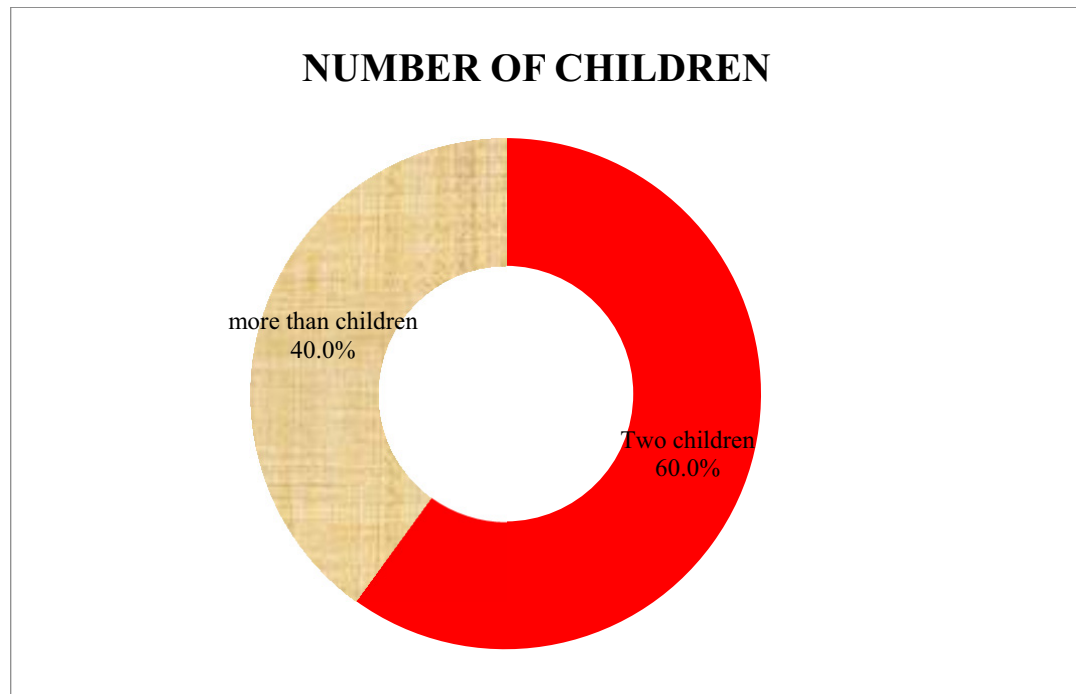


Figure 10: Doughnut diagram portrays the distribution of spouse of alcoholic dependents in deaddiction Centre according to their number of children.

Majority of subjects, 24 (60%) were having two children and 16 (40%) were having more than two children.



Figure 11: Pie diagram showing the distribution of spouse of alcoholic dependents in deaddiction centre according to duration of consumption of alcohol of their husband.

Majority of subject's husband 22 (55%) were consuming alcohol more than 5 years of period, 18 (45%) were consuming alcohol 1 year to 5 years of period

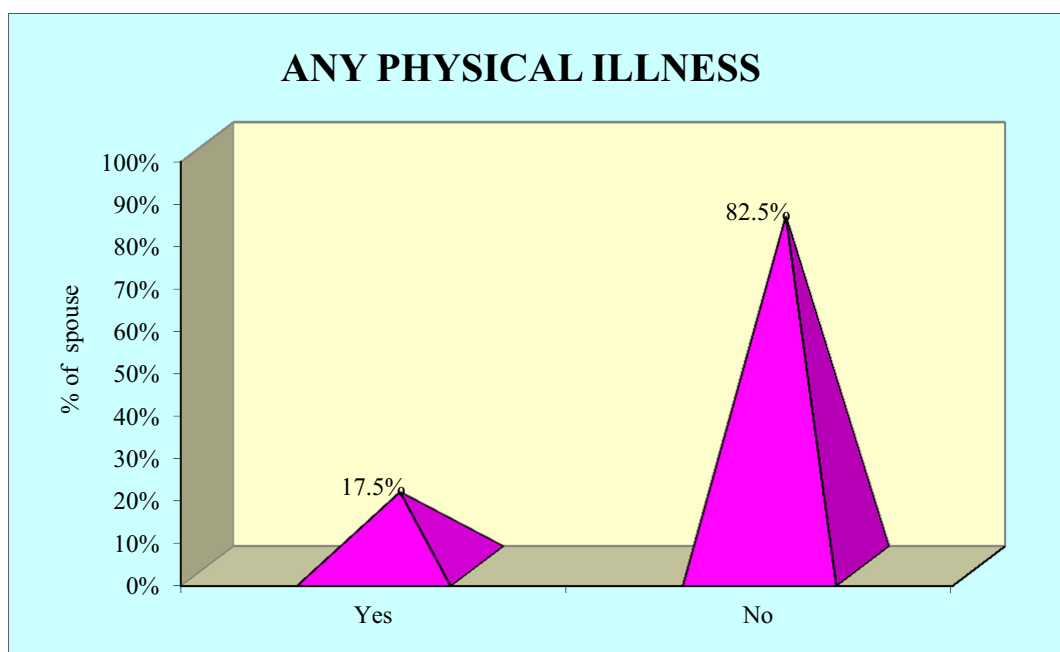


Figure 12: Pyramid diagram narrates the distribution of spouse of alcoholic dependents in deaddiction centre according to their physical illness.

Majority of the subjects 33(82.5%) were not having physical illness and least 7(17.5%) were having physical illness.

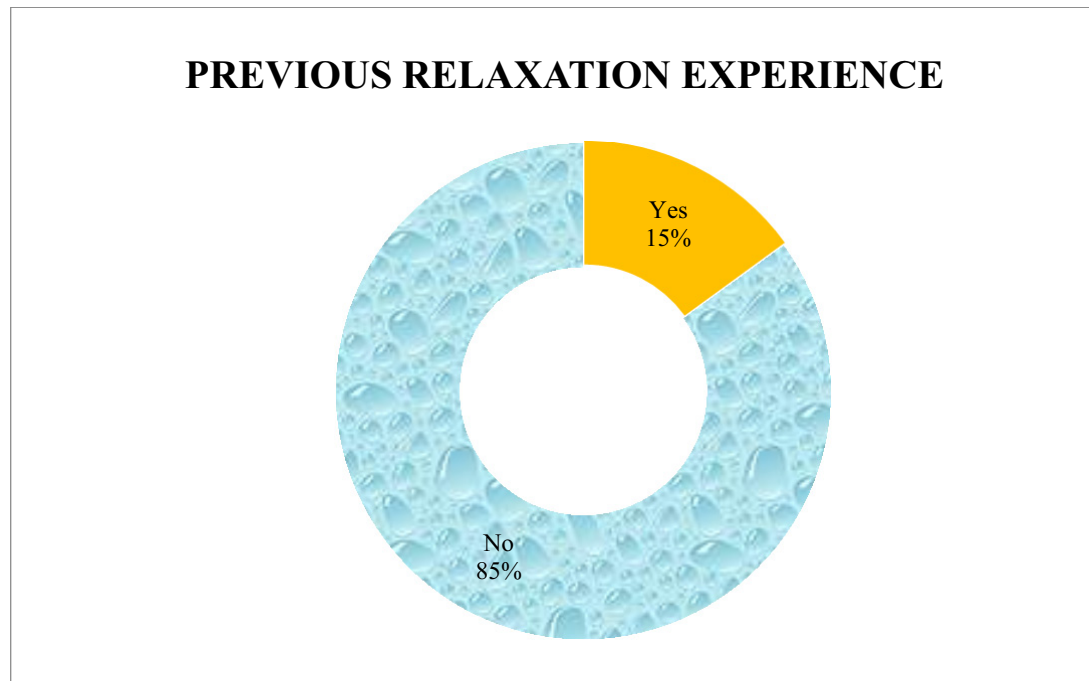


Figure 13: Pie diagram identifies the distribution of spouse of alcoholic dependents in deaddiction centre according to their previous experience of relaxation techniques.

Majority of subjects 34 (85%) were not practiced relaxation technique previously and the least 6 (15%) were practiced previously

Section II

Description of level of anxiety among spouse alcoholic dependents.

Table 2: Frequency and percentage distribution of spouse of alcoholic dependents according to their level of anxiety

(n=40)

Level of anxiety	Level of anxiety score			
	Pretest		Posttest	
Mild	12	30.0%	33	82.5%
Moderate	28	70.0%	7	17.5%
Severe	0	0.0%	0	0.0%
Very severe	0	0.0%	0	0.0%
Total	40	100.0%	40	100.0%

In the pretest, majority 28 (70%) spouse of alcoholic dependents were in moderate anxiety, 12 (30%) were in mild anxiety .

In the posttest after receiving progressive muscle relaxation technique, 33 (82.5%) of spouse of alcoholic dependents were in mild anxiety, 7 (17.5%) were in moderate anxiety, and none of them were in severe /very severe anxiety score.

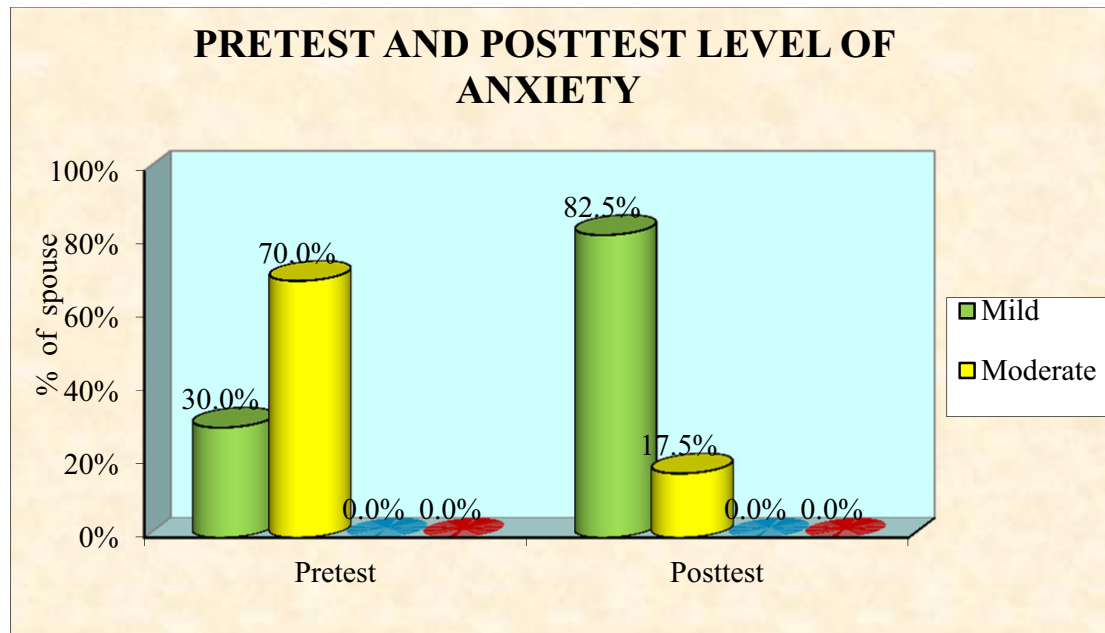


Figure 14: Cylinder diagram depicts the distribution of subjects according to their level of anxiety among spouse of alcoholic dependents

In the pretest, 12(30%) were in mild anxiety, 20 (70%) were in moderate anxiety, after receiving progressive muscle relaxation technique in the posttest 33 (82.5%) were in mild anxiety , 7 (17.5%) were in moderate anxiety, and none of them were in severe /very severe anxiety score.

Section III

Effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents.

Table 3: Mean and Standard Deviation of pretest and posttest level of anxiety among spouse of alcoholic dependents

(n=40)

Anxiety score	Mean	Standard Deviation	Mean difference	“t”- value	P- value
Pretest	18.27	3.56	7.54	t=8.35 TV=3.558	p=0.001***
Posttest	10.73	3.66			

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

The above table showed that the mean in the pretest and posttest was 18.27 and 10.73 and standard deviation in the pretest and posttest was 3.56 and 3.66 respectively. The mean difference was 7.54. The paired “t” test value was 8.35 which were greater than the table value (3.55), which was significant at 0.001. Hence it was evidenced that progressive muscle relaxation technique was more effective in terms of reducing anxiety among the spouse of alcoholic dependents.

Table 4: Comparison of pretest and posttest mean anxiety score among spouse of alcoholic dependents

(n=40)

Anxiety score	Mean \pm SD	Mean difference	Student's paired t- test
Pretest	18.27 \pm 3.56	7.54	t=8.35p=0.001*** significant
Posttest	10.73 \pm 3.66		

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

The above table 4 depicts comparison of mean anxiety score between pretest and posttest .The pretest mean score was 18.27 with a standard deviation was 3.56 and the posttest mean score was 10.73 with the standard deviation was 3.66 .Mean difference is 7.54. The student paired “t” test value was done to find out the difference between pretest and posttest score , ‘t’ 8.35 was greater than the table value which was significant at 0.001 level. This shows that the difference in the score was due to intervention (progressive muscle relaxation technique) and also this proves that the progressive muscle relaxation technique was effective in reducing the anxiety score among spouse of alcoholic dependents whose husbands were admitted for deaddiction therapy at deaddiction centre.

Comparison of pretest and posttest mean anxiety score among spouse of alcoholic dependents

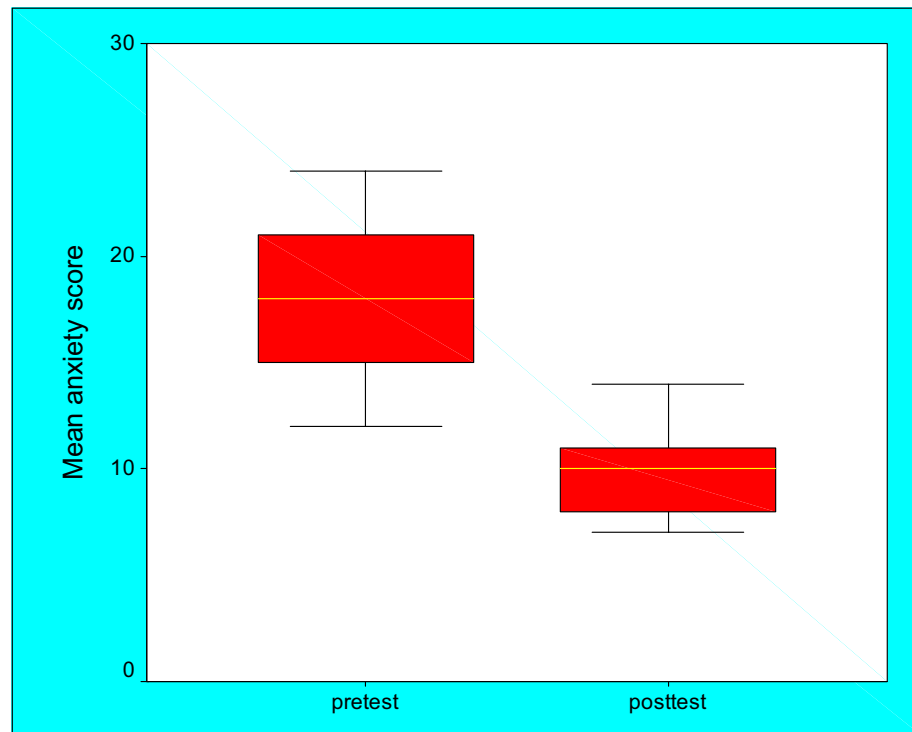


Figure 15: Box-plot diagram portrays the mean pretest and posttest score among spouse of alcoholic dependents.

The pretest mean score was 18.27 with a standard deviation was 3.56 and the posttest mean score was 10.73 with the standard deviation was 3.66 .Mean difference is 7.54.

Section-IV

**Association between the level of anxiety among spouse of alcoholic dependents
and their selected socio-demographic variables.**

**Table 5: Association between level of anxiety among spouse of alcoholic dependents
and their selected socio demographic variables.**

(n=40)

Socio Demographic Variables		level of anxiety reduction score				Total	χ^2
		Below average(≤ 7.54)		Above average(≥ 7.54)			
		f	%	f	%		
Age	21 - 35 yrs	15	65.2%	8	34.8%	23	$\chi^2=5.01$ $p=0.03$
	36 - 50 yrs	5	29.4%	12	70.6%	17	
Religion	Hindu	15	46.9%	17	53.1%	32	$\chi^2=0.62$ $p=0.42$
	Christian	5	62.5%	3	37.5%	8	
Educational status	No formal Education	1	100.0%	0	0.0%	1	$\chi^2=22.30$ $p=0.001^{***}$
	Primary Education	11	100.0%	0	0.0%	11	
	High School	3	15.0%	17	85.0%	20	
	Higher Secondary	5	62.5%	3	37.5%	8	
Occupation	Coolie	10	50.0%	10	50.0%	20	$\chi^2=1.97$ $p=0.37$
	Self employment	5	38.4%	8	61.6%	13	
	House wife	5	71.4%	2	28.6%	7	
Family monthly income	Less than Rs.2000	15	51.7%	14	48.3%	29	$\chi^2=0.12$ $p=0.72$
	Rs.3001- Rs.5,000	5	45.5%	6	54.5%	11	
Type of family	Joint family	9	39.1%	14	60.9%	23	$\chi^2=2.55$ $p=0.11$
	Nuclear family	11	64.7%	6	35.3%	17	
Residential status	Rural	16	53.3%	14	46.7%	30	$\chi^2=0.53$ $p=0.46$
	Urban	4	40.0%	6	60.0%	10	

No of children	Two children more than children	12	50.0%	12	50.0%	24	$\chi^2=0.00$ p=1.00
		8	50.0%	8	50.0%	16	
Duration of alcohol consumption	1 to 5 years	15	83.3%	3	16.7%	18	$\chi^2=14.54$ p=0.01
	more than 5 years	5	22.7%	17	77.3%	22	
Any physical illness	Yes	3	42.9%	4	57.1%	7	$\chi^2=0.17$ p=0.63
	No	17	51.5%	16	48.5%	33	
Previous relaxation experience	Yes	1	16.7%	5	83.3%	6	$\chi^2=3.13$ p=0.08
	No	19	55.9%	15	44.1%	34	

* Significant *** highly significant at 0.05 level

Table 5 explains the association between the posttest level of anxiety among spouse of alcoholic dependents with their selected socio demographic variables. Chi-square analysis revealed that there was an association between the posttest score and age (36-50 years) education status (primary education, no formal education), duration of alcohol consumption of their spouse (1-5 years period). All other variables were not associated among the spouse of alcoholic dependents with their posttest score

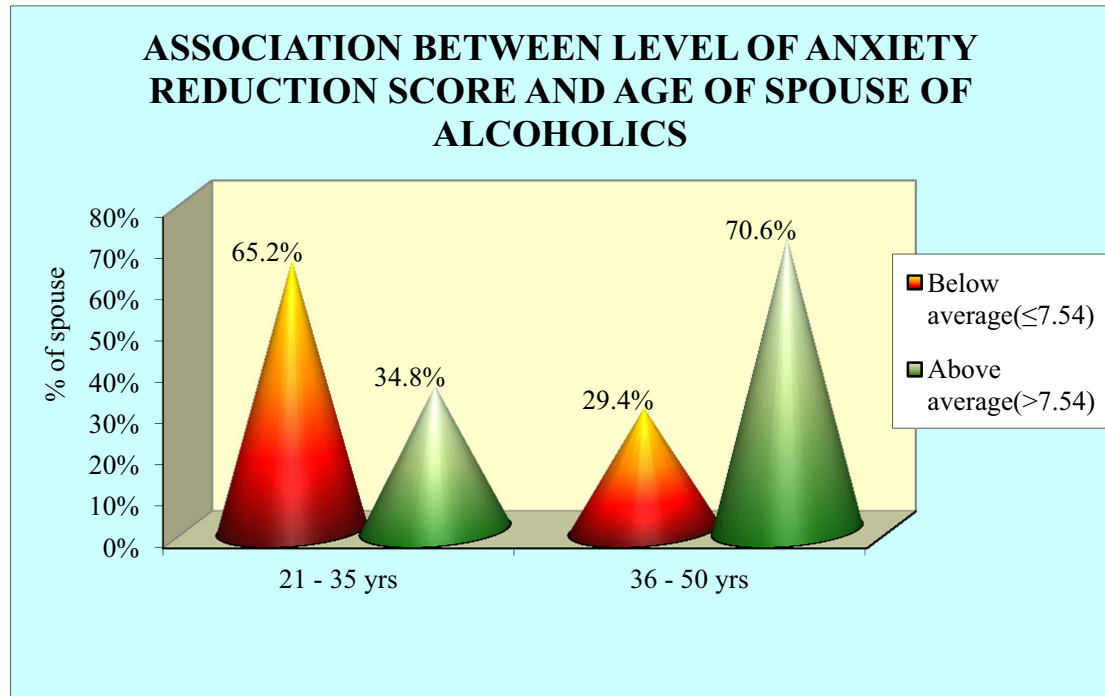


Figure 16: Cone diagram showing the association between the level of anxiety reduction score and age of the spouse of alcoholic dependents.

The above figure depicts an association between level of anxiety among spouse of alcoholic dependents with their selected socio demographic variables, according to the age of spouse of alcoholic dependents, the age group of 36-50 years were reduced more anxiety than other age groups.

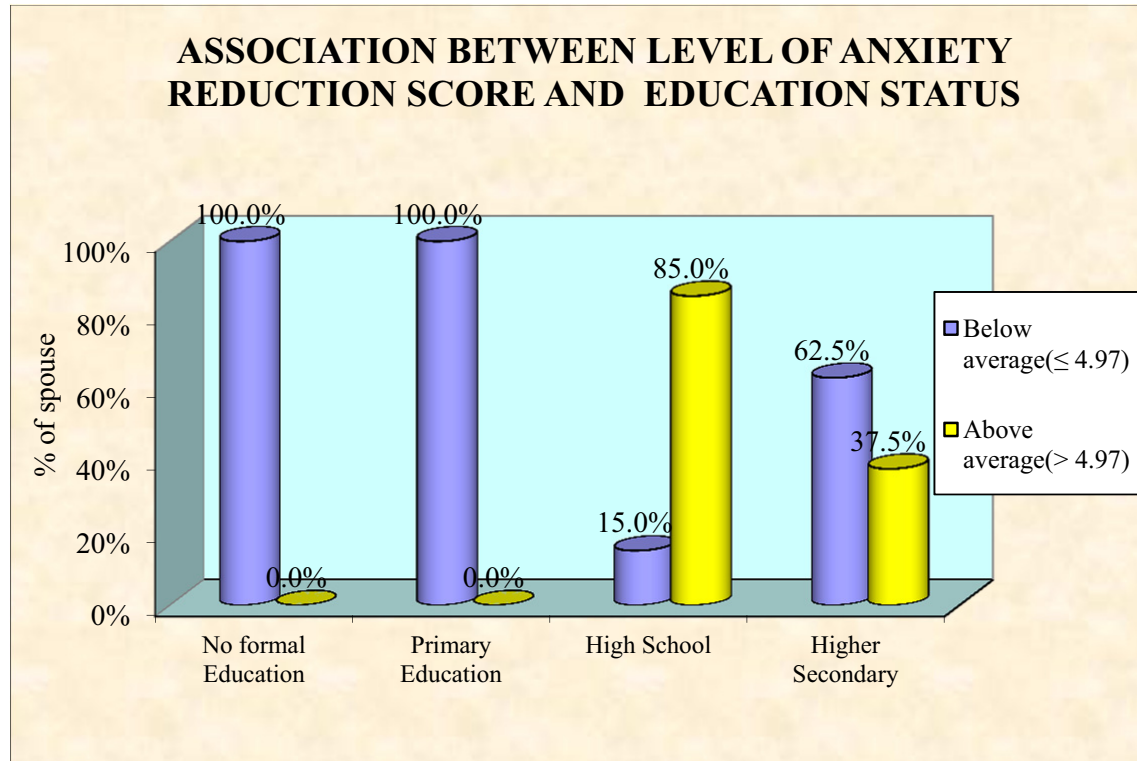


Figure.17: Multiple cylinder diagram showing association between the level of anxiety among spouse of alcoholic dependents and their educational status.

The above figure depicts an association between level of anxiety among spouse of alcoholic dependents with their selected socio demographic variables, according to the educational status ,who have primary education and no formal education spouses were reduced more anxiety than others.

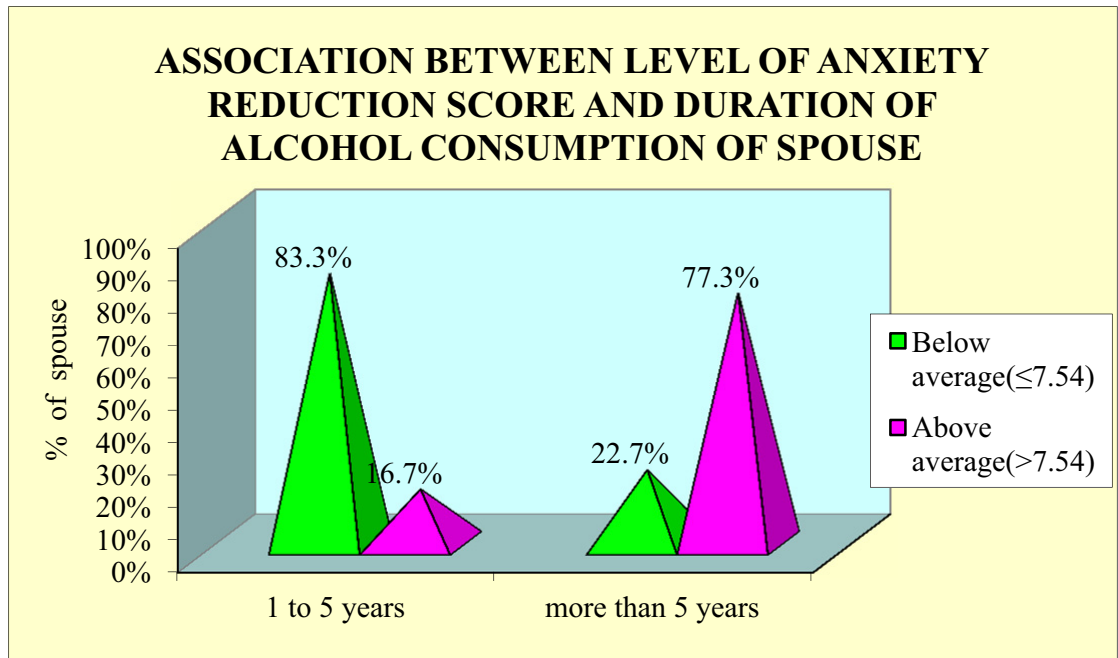


Figure 18: Pyramid diagram showing the association between the level of anxiety reduction score and the duration of alcohol consumption of spouse of alcoholic dependents.

The above figure depicts an association between level of anxiety among spouse of alcoholic dependents with their selected socio demographic variables, according to the duration of alcohol consumption ,who have 1-5 years period were reduced more anxiety than others.

Discussion

CHAPTER – V

DISCUSSION

This chapter discussed about the result of the study interpreted from the statistical analysis. Progressive muscle relaxation was originally developed as a way of reducing anxiety by teaching individuals to relax their muscles. This leads to a reduction in muscle tension and then a decrease in measures of physiological arousal associated with muscle tension. This reduction can help to decrease anxiety and increase an individual's sense of well-being. Progressive muscle relaxation techniques has been investigated for its potential benefit for individuals who experiences anxiety and its related disorders. It is a very useful in relieving anxiety in various situation.

The effort of this study was to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents admitted at deaddiction centre in GRH, Madurai. 40 samples were selected by Non Probability sampling (consecutive sampling) technique. The anxiety levels of subjects were assessed with Standardized Hamilton Anxiety Scale.

5.1 Distribution of spouse of alcoholic dependents and their selected socio demographic variables.

It is interesting to note that while mentioning about the age group of the spouse of Alcoholic dependents, majority of subjects 23 (57.5%) of spouse of alcoholic dependents were in the age group of 21 -35 years.

Regarding religion, most of the subjects 32 (80%) were belonged to Hindu religion.

With respect of educational status, majority of the subjects, 20 (50%) have studied up to high school education.

While mentioning Occupation, majority of the subjects 20 (50%) were working as coolie.

Analysis of the family monthly income, majority of the subjects 29 (72.5%) were earning less than Rs.3000.

It is interesting to note that while mentioning type of family among spouse of alcoholic dependents, majority of them 23 (57.5%) were living in the nuclear family.

While stating the nature of residential area, majority of spouse of alcoholic dependents 30 (75%) were hailed from rural area.

Regarding of the number of children, majority of subjects, 24 (60%) were having two children .

When considering duration of alcohol consumption of their husbands, majority of subject's husband 22 (55%) were consuming alcohol more than 5 years of period.

When comparing the physical illness, majority of the subjects 33 (82.5%) were not having physical illness.

Regarding the previous experience of practicing relaxation techniques, majority of subjects 34 (85%) were not practiced relaxation techniques previously.

5.2 Discussion of the study based on its objectives:

The first objective of the study was to assess the level of anxiety among spouse of alcoholic dependents at deaddiction Centre, GRH, Madurai.

Table 2 reveals that among the 40 spouse of alcoholic dependents in the pre-test, majority 20 (70%) were moderate anxiety, 12 (30%) were in mild anxiety .In the post-test after receiving progressive muscle relaxation technique, 33 (82.5%) of spouse of alcoholic dependents were in mild anxiety, 7 (17.5%) were in moderate anxiety, and none of them were in severe /very severe anxiety score.

The present study findings was supported by a study done by Alok Tyagi, Shubham Mehta (2013) conducted a cross sectional study to identify the correlation between alcohol consumption in husbands and anxiety and suicidal ideation, in their wives. Thirty patients who were wives of persons dependent on alcohol were assessed using PHQ-9 for anxiety and MSSI for suicidal ideation. The 30 subjects recruited in this study were the wives of alcohol dependent admitted to the de-addiction ward of a hospital in Jaipur, India. Prevalence of anxiety was 62% and suicidal ideation was 44%. Data analysis was done using Karl Pearson coefficient of correlation. The correlation co-efficient value $r=0.783$ and the $P<0.05$, Results revealed that there is significant positive correlation between alcohol consumption in husbands and anxiety symptoms and suicidal ideation in their wives.

It was also supported by a study conducted at the De-addiction center, Khajamalai ladies association, Trichy on level of anxiety among spouse of alcoholic dependents. Data was collected from 100 wives of alcoholic dependent individually using, Hamilton anxiety scale. The correlation co-efficient value $r=0.657$ and the $P<0.05$, Hence there is a positive correlation between the economic condition and level of anxiety experienced by the respondents

The second objective of the study was to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai.

The intervention Progressive muscle relaxation technique on anxiety created a vast difference between the scores obtained by the spouse of alcoholic dependents between the pretest and posttest.

Table 4 portrays the comparison of the level of anxiety among spouse of alcoholic dependents. In order to find out the effect of progressive muscle relaxation

technique on anxiety among spouse of alcoholic dependents, a paired “t” test was done between the pretest and posttest scores.

The mean pretest anxiety score was 18.27 with standard deviation of 3.56 and the mean post-test anxiety score was 10.73 with standard deviation of 3.66. The mean difference is 7.54. The obtained paired ‘t’ test value was 8.35 was significant at $p < 0.001$ level.

This revealed that there was a significant difference in the mean anxiety scores between the pretest and posttest. Paired “t” test also showed a significant difference between the pretest and posttest. This difference was due to the intervention, progressive muscle relaxation technique. Hence the progressive muscle relaxation technique was effective in reducing the anxiety levels among the spouse of alcoholic dependents.

This findings of the study was consistent with a study done by Kaur Ramanpreet which is a quasi-experimental study to assess the effectiveness of progressive muscle relation therapy in reducing anxiety in selected various alcoholic rehabilitation centre of Ludhiana, Punjab. 50 spouse of alcoholic clients in experimental group was given by progressive muscle relaxation for one week twice a day. The result of the study shows that Progressive muscle relaxation technique had an impact in reducing anxiety among experimental group ($t = 16.32$) as compared to control group ($t = 0.47$) ($p < 0.05$). The level of anxiety reduces in experimental group after Progressive muscle relaxation, and also concluded that Progressive muscle relaxation technique may be useful for spouse of alcoholic dependents on anxiety.

It was also supported by Francis, Neethu; D'silva, Fatima's Randomized control study to test the effectiveness of Jacobson's Progressive Muscle Relaxation Technique on anxiety among 60 spouse of alcoholic clients in selected de-addiction

center ,Mangalore. The experimental group was subjected to the intervention (PMR) for 30 minutes daily for a period of 5 days. Both the groups (Experimental and Control) were observed with pretest and post-test. The mean pre-test score of anxiety in the experimental (30) and control group (30) were 16.667 and 16.70 respectively. Psychological factors (74.137%) affected anxiety more than the environmental factors (65.989%). Repeated measures ANOVA revealed a significant difference in the anxiety from Day 1 to Day 5($F_{Cal}=378.38 > F_{tab} = 7.71$, $p < 0.005$). The calculated t-value of anxiety was 17.892, was more than the table value $t_{tab} (58) = 2.00$, $p < 0.05$. Hence, the study revealed a significant improvement in the anxiety in the experimental group after Progressive muscle relaxation. This study results revealed that 5 days of progressive muscle relaxation therapy was very effective for spouse of alcoholic patients on anxiety.

Hence the stated Hypothesis - H_1 : “There is a significant difference between the pretest and posttest level of anxiety among spouse of alcoholic dependents at GRH, Madurai was accepted”.

The third objective of the study was to associate the level of anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai and their selected socio demographic variables

In order to find out the association between the posttest scores of anxiety and selected socio demographic variables, a Chi square analysis was done.

Table 5 reveals the association between the posttest anxiety scores and selected socio demographic variables, among spouse of alcoholic dependents, there was a significant association between the level of anxiety and selected socio demographic variables such as age ($\chi^2 = 5.01$ $P < 0.03^*$), educational status ($\chi^2 = 22.30$

P-0.001^{***}), duration of alcohol consumption ($\chi^2 = 14.54$ P-0.01^{*}) among spouse of alcoholic dependents.

There was no significant association between the post-test level of anxiety and the other socio demographic variables such as religion, occupation, family monthly income, type of family, residential status, number of children, any physical illness, previous relaxation experience.

The findings of the study was congruent with a study done by Fengliyu (2009) conducted an experimental study in Japan on application of progressive muscle relaxation in spouse of alcoholic clients who took treatment in de-addiction centre, by giving progressive muscle relaxation training for 5 days .There is no intervention for control group. 60 spouse of alcoholic dependents was used for this study Taylors anxiety scale was used . Statistical analysis was done using descriptive and inferential statistics. The findings was $F=6.68, P=0.002$ for experimental group, and the control group findings was $F=4.58, P=0.012$. .There was a significant differences between experimental and the control group values . Chi-square analysis revealed that there was an association between the post test score and the spouse of alcoholics age ,education status , and type of family ,all other variables were not significantly associated.

It was also supported by Sermsak Lolak et al's prospective, randomized controlled study to examine the effect of progressive muscle relaxation training on anxiety and depression in spouse of alcoholics in various alcoholic rehabilitation centre in Taiwan. The intervention group received progressive muscle relaxation training two sessions per day using a pre-recorded tape for 5 days. The mean =9.46, standard deviation =7.84 ($p < 0.0001$). In statistical significance, the results favored the progressive muscle relaxation group. Anxiety scores in posttest were lower than the pretest scores among intervention group , and also chi square analysis was done

to check the association. It reveals that there was an association between post test score and educational status ,residential status ,family monthly income ,other socio demographic variables had no association with post test scores.

Hence the stated hypothesis - H₂: “There is a significant association between the level of anxiety among spouse of alcoholic dependents at GRH, Madurai and their selected socio demographic variables was accepted ”.

The results of present study imply that adding a complimentary therapy (Progressive muscle relaxation technique) has contributed more benefits which in turn reduced anxiety among the spouse of alcoholic dependents. Participants gained knowledge and the ways to cope up with the anxious situations, when the need in crisis and anxious conditions.

*Summary,
Conclusion,
Implications &
Recommendations*

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter narrates the summary of the study and conclusion drawn. It also clarifies the limitations of the study, the implications for different areas like nursing education, nursing service administration, nursing practice, and nursing research. It provides the recommendations made based on the study.

6.1 Summary of the study

The present study was undertaken to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre Government Rajaji Hospital, Madurai.

The objectives of the study were

To evaluate the effectiveness of progressive muscle relaxation technique on level of anxiety among spouse of alcoholic dependents and to associate the s level of anxiety and selected socio demographic variables.

The following hypothesis were tested at 0.05 level of significance.

H₁ – There is a significant difference between the pretest and posttest level of anxiety among spouse of alcoholic dependents at deaddiction Centre, GRH, Madurai.

H₂ -There is significant association between the level of anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai and their selected socio demographic variables.

A pre-experimental, one group pretest posttest design was used to evaluate the effectiveness of progressive muscle relaxation technique on level of anxiety among spouse of alcoholic dependents at GRH, Madurai.

A non-Probability sampling (consecutive sampling) technique was used to select the sample by picks up all available subjects during the period of data collection. The sample size was (40) spouse of alcoholic dependents at GRH, Madurai.

The data collection tool consisted of two parts.

Part-I

It consisted of socio demographic variables such as age, religion, educational status, occupation, monthly family income, type of family, residential status, number of children, duration of alcohol consumption, any major physical illness, previous experience of practicing relaxation technique.

Part-II

Consisted of Hamilton anxiety scale

It is a 14 item questionnaire and each answer scored on a scale ranging from 0-5 which was designed to measure the level of anxiety.

The tool was validated by experts in the field of Psychiatric Nursing, Psychiatry, statistics, and Psychology. Data collection was done by using the prescribed tool to assess the level of anxiety. Pretest was done on day 1 followed by progressive muscle relaxation technique for the participants. Posttest was conducted on 6th day using the same Hamilton anxiety scale.

Collected data was analyzed by using both descriptive statistics (Mean, Standard Deviation, Frequency and Percentage) and inferential statistics (Paired 't', Chi-Square) and results were analysed.

6.2 Major findings of the study

Majority of subjects 23 (57.5%) of spouse of alcoholic dependents were in the age group of 21 -35 years.

Regarding of religion, most of the subjects 32 (80%) were belonged to Hindu religion.

With respect of educational status, majority of the subjects, 20 (50%) have studied up to high school education.

While mentioning Occupation, majority of the subjects 20 (50%) were working as coolie.

Analysis of the family monthly income, majority of the subjects 29 (72.5%) were earning less than Rs.3000.

It is interesting to note that while mentioning type of family among spouse of alcoholic dependents, majority of them 23 (57.5%) were living in the nuclear family.

While stating the nature of residential area, majority of spouse of alcoholic dependents 30 (75%) were hailed from rural area.

Regarding the number of children, majority of subjects, 24 (60%) were having two children.

When considering duration of alcohol consumption of their husbands, majority of subject's husband 22 (55%) were consuming alcohol more than 5 years of period.

When comparing the physical illness, majority of the subjects 33 (82.5%) were not having physical illness.

Regarding the previous experience of practicing relaxation techniques, majority of subjects 34 (85%) were not practiced relaxation techniques previously.

Among 40 spouse of alcoholic dependents in the pretest, majority 28 (70%) were moderate anxiety, 12 (30%) were in mild anxiety, whereas in the posttest after receiving progressive muscle relaxation technique, 33 (82.5%) of spouse of alcoholic

dependents were in mild anxiety, 7 (17.5%) were in moderate anxiety, and none of them were in severe /very severe anxiety score.

The mean pretest anxiety score was 18.27 with standard deviation of 3.56 and the mean posttest anxiety score was 10.73 with standard deviation of 3.66. The mean difference is 7.54. The obtained paired 't' test value was 8.35 was significant at $p < 0.001$ level.

There was a significant difference in the mean anxiety scores between the pretest and post-test. Paired "t" test also showed a significant difference between the pretest and posttest.

This proved clearly that the intervention progressive muscle relaxation technique, was effective in reducing the anxiety levels among the spouse of alcoholic dependents.

There was a significant association between the post test level of anxiety and selected socio demographic variables such as age ($\chi^2 = 5.01$ $P=0.03^*$), educational status ($\chi^2 = 22.30$ $P=0.001^{***}$), duration of alcohol consumption ($\chi^2 = 14.54$ $P=0.01^*$). No other variables had significant association with the anxiety level of spouse of alcoholic dependents.

6.3 Conclusion

It is statistically evidenced that progressive muscle relaxation technique was effective in reducing the level of anxiety among spouse of alcoholic dependents. It is cost effective complimentary non - invasive therapy to reduce anxiety.

6.4 Implications for nursing

Nursing Practice

- Progressive muscle relaxation technique need to be implemented as a part of other therapies and is to be practiced by the nurses in the day today activities while treating clients other than spouse of alcoholic dependents.
- Nurses should motivate the spouse of alcoholic clients and other clients to practice Progressive muscle relaxation technique in their daily life to strengthen their coping mechanism.
- Nursing personnel impart health education to the people in de-addiction centre at community settings about the procedure and benefits of progressive muscle relaxation technique which strengthens the community psychiatry.

Nursing Education

- The nurse educators can focus on practical training regarding Progressive muscle relaxation technique by the nursing students to cope up the new environment and exam anxiety.
- The nurse educator plan to conduct workshop regarding progressive muscle relaxation technique for nursing faculties to manage the day today activities.
- Nurse educator focus on community psychiatry regarding progressive muscle relaxation technique by mass health education programme with the help of nursing students.

Nursing Administration

- Continuing nursing education and in service education can be planned by nurse administrators which will aid in formulating protocols in impacting the theory into practice.

- Nurse administrator can impose the routine utilization of the anxiety assessment scales in the psychiatric care settings.
- Nurse administrators insist the nurses will spend time with spouse of alcoholic dependents to talk through some of the more troubling aspects of psychosocial adjustment.

Nursing Research

- There is plenty of scope for research in the field of anxiety among spouse of alcoholic dependents.
- Research studies on anxiety among spouse of alcoholic dependents can help to identify the existing knowledge gap in nursing practice and nursing education and to fill in existing gaps.
- This study can be baseline for further studies to build upon and motivate other investigators to conduct further studies in spouse of alcoholic dependents.
- This study also brings about the fact that more studies need to be done at different settings, which are culturally acceptable, using various therapies.

6.5 Recommendations

- A similar study with longer duration can be conducted to assess the long term benefits of progressive muscle relaxation technique.
- A similar study can be conducted by having a control group to observe the value of other complementary therapy.
- A comparative study can be conducted to evaluate the effectiveness of progressive muscle relaxation technique with other various complementary therapies among other population such as spouse of chronic illnesses.

- A similar study can be conducted with large sample size and in different settings.
- A similar study can be conducted by using a qualitative approach (phenomenological) on feelings of spouse of alcoholic dependents

References

REFERENCES

BOOKS

1. Ahuja Niraj. (2002). *A short text book of psychiatry*.(1st ED.). New Delhi: Jaypee Publishers.
2. Basavanthappa, B.T. (2000). *Nursing research*.(2nd ED). Bangalore: Jaypee Publishers.
3. Barbara Schoen John. (2004). *Psychiatric Mental Health Nursing*.(4th ED.). Philadelphia: Lippincott company.
4. Barke. (2003). *Psychiatric and mental health nursing*.(1st ED.). London: Edward Arnold publishers.
5. David Semple. (2005). *Oxford Handbook of Psychiatry*.(1st ED.). London: Oxford University Press.
6. Fontaine & Fletcher. (2009). *Mental Health Nursing*, (5th ED.), New Delhi: Dorling Kindersley India Pvt. Ltd.
7. Frisch & Frisch. (2007). *Psychiatric Mental Health Nursing*.(3th ED.). Haryana: Thomson Delmer Learning.
8. Gail W. Stuart. (2009). *Principles and practice of Psychiatric Nursing*.(9th ED.). New York: Mosby Publications.
9. Geri Lobiondo-Wood., & Judith Haber. (2006). *Nursing Research*.(6th ED.). St. Louis: Mosby Publications.
10. Gertrude, K., & Mcfarland Mary Durand. (2001). *Psychiatric Mental Health Nursing*(5th ED.). Philadelphia: Lippincott company.
11. Kothari C.R. (2001). *Research Methodology: Methods and Techniques*.(2nd ED.). New Delhi: VishwaPrakash Publishers.

12. Lalitha, K. (2009). *Mental Health Psychiatric Nursing*.(1st ED.).Bangaluru: VMJ Book House.
13. Lewis. (2008). *Basic concepts of Psychiatric Mental Health Nursing*.(7th ED.). New Delhi: Williams & Wilkins Publication.
14. Mary Ann Boyd. (2008). *Psychiatric Nursing – Contemporary Practices*.(4th ED.). New Delhi: Lippincott Williams & Wilkins.
15. Mary C. Townsend. (2007). *Psychiatric Mental Health Nursing*.(5th ED.). New Delhi: Jaypee Publications.
16. Michael Gelder. & Paul Harrison.(2006). *Shorter Oxford Textbook of Psychiatry*.(5th ED.). New Delhi. Oxford University Press.
17. Nancy Burns.,& Susan K Grove. (2007). *Understanding Nursing Research*.(4th ED.). St.Louis: Saunders Publications.
18. Neeraja, K. P. (2008). *Essentials of Mental Health and Psychiatric Nursing*.(1st ED.). New Delhi: Jaypee Publishers.
19. Norman, L. (2007). *Psychiatric Nursing*.(5th ED.). Philadelphia: Mosby Publications.
20. Polit., Beck.,&Hungler, P. (2001). *Essentials of Nursing Research*.(4th ED.). Philadelphia: Lippincott Raven Publishers.
21. Rose Marie Linda. (2008). *Foundations of Nursing Research*.(5th ED.). New Delhi: Pearson Prentice Hall.
22. Sheila L. Videbeck. (2008). *Psychiatric Mental Health Nursing*.(2nd ED.).Philadelphia: Lippincott Williams & Wilkins.
23. Sreevani, R. (2007). *A Guide to Mental Health Nursing*.(2nd ED.). New Delhi: Jaypee Publications.

24. Tracy S. Diehl, & Kathy Goldberg. (2004). *Psychiatric Nursing made incredibly easy*. (1st ED.). Philadelphia: Lippincott Williams & Wilkins.
25. Viyas J. N Ahuja. (2008). *Text Book of Postgraduate Psychiatry*. (2nd ED.). New Delhi: s Publication.

JOURNAL REFERENCES

26. Yunping Li, RanRan Wang: Progressive muscle relaxation anxiety and depression of pulmonary arterial hypertension patients; *Evidence Based Complimentary and Alternative Medicine*. 2015;13(15):2-8.
27. Maryam Zargarzadeh, Maryam Shirazi: The effects of progressive muscle relaxation method on test anxiety; *Iranian Journal of Nursing and Midwifery Research*. 2014;19(6):607-612.
28. Krystyna Boron-Krupinska: Effectiveness of progressive muscle relaxation in alleviating psycho physical disorders-A systematic review; *Global Journal for Research Analysis*. 2014;3(10):113-115.
29. Febu Elizabeth Joy: Effectiveness of Jacobson's progressive muscle relaxation technique on social anxiety among high school adolescents; *Nitte University Journal of Health Sciences*. 2014;04(1):68-90.
30. Mohammed A.M. Al-ma ani, Asem A, A. Abdalrahim: Effects of progressive muscle relaxation on anxiety among patients with Schizophrenia; *Middle East Journal of Psychiatry and Alzheimer's*. 2014;5(3): 28-31.
31. Uzma Ali: The effectiveness of Relaxation therapy in the reduction of anxiety related symptoms; *International Journal of Psychological Studies*. 2010;2(2): 202-207.

32. B. Navaneethan: Effect of progressive muscle relaxation training on competitive anxiety on male inter-collegiate volley ball players; *International Journal of Sports Science and Engineering*.2010;4(3):161-164.
33. Chen WC: Efficacy of progressive muscle relaxation training in reducing anxiety in patients with schizophrenia; *Journal of Clinical Nursing*. 2009;18(15):2186-96.
34. VP Singh, V Rao : Comparison of the effectiveness of music and progressive muscle relaxation for anxiety in COPD; *Chronic Respiratory Disease*. 2009;6(4):209-216.
35. Sezgin N, Ozcan B: The effects of two Psychophysiological techniques (Progressive muscle relaxation and emotional freedom techniques) on test anxiety in high school students; *International Journal of Healing and Caring*.2009; 9(1):30-36.
36. Dr.D.Nirmala, R.K.R. Esther Amutha: Anxiety experienced by Alcoholics; *Cauvery Research Journal*. 2008;2(1):29-32.
37. Archana Khanna, Maman Paul, JaspalsinghSandhu: Effectiveness of GSR biofeedback and Progressive muscle relaxation training on anxiety among highly anxiety individuals; *Indian Journal of Physiol and Pharmacol*. 2007;51(3): 296-300.
38. Dawson DA, Grant BF, Chou SP, Stinson FS: The impact of partner alcohol problems on women's physical health; *Journal of Studies on Alcohol and Drugs*. 2007;68(1):66-75.
39. Tempier R, Boyer R, Lambert J, Moiser K, Duncan CR: Psychological distress among female spouses of male at-risk drinkers ; *Indian Journal of Psychiatry*.2006;40(1):41-49

40. Cheyung YL, Mollassiotis A, Chang AM : The effects of progressive muscle relaxation training on anxiety after stoma surgery in colorectal cancer patients; *Psychooncology*. 2003;12(3):254-266.
41. IsmeneL.Petrakis, Gerardo Gonzalez: Comorbidity of Alcoholism and psychiatric Disorders; *Alcohol Research and Health*. 2002; 26(2):81-88.
42. Quigley BM, Leonard KE: Alcohol and the continuation of early marital aggression ;*Clinical and Experiment2014al Research*. 2002;24(7):1003-1010.
43. Cheng yuk Lung: The effect of progressive muscle relaxation training on patients and quality of life after stoma surgery: Unpublished dissertation; *The Chinese university of HongKong*.2000.
44. Grubisic-Ilic M, Ljubin T, Kozaric-Kovacic D: Personality dimensions and psychiatric treatment of alcoholics wives; *Croatian Medical Journal*. 1998;39(1):49-53.
45. Chandrasekaran R, Chitralkha V: Patterns and determinates of coping behavior of wives of alcoholics; *Indian Journal of Psychiatry*. 1998;40(1):30-34.
46. Rae J.B.,Forbes A.R: Clinical and psychometric characteristics of wives of alcoholics; *British Journal of Psychiatry*. 1996;112: 197-200.
47. Nagalakshmi S.V., S uman L.N: Family interaction patterns in alcoholic families; *NIMHANS Journal*.1995;13(1);47-52.
48. Okazaki et al : Comparative study of health problems between wives of alcoholics *Japanese journal of Alcohol studies and Drug Dependence*.1994;29(1) 29-30

49. Brennan et al: Spouses of late life problems drinkers: functioning, coping, responses and family context; *Journal of family psychology*. 1994; 8(4):447-457.
50. Casey J.C., Griffin M.L., Googins B.K: The role of work for wives of Alcoholics; *American Journal of Drug Abuse*.1993;19(1):119-131.
51. McKay J.R., MaistoS.A., O'Farell T.J.: Differences between alcoholics and spouses in their perceptions of family functioning; *Journal of Substance Abuse Treatment*. 1993; 10(1):17-21.
52. Hill SY : Personality characteristics of sister and spouses of male alcoholics ; *Clinical and Experimental Research*.1993;17(4):733-739.
53. Montgomery P, Johnson B: The stress of marriage to an alcoholic; *Journal of Psychosocial Nursing Mental Health*.1992;30,(10) :12-16.
54. Rao T.S.S and Kuruvilla K: The coping behaviours of wives of alcoholics; *Indian Journal of Psychiatric*.1992;34(4):359-365.
55. Rao T.S.S. and Kuruvilla K: A study in the personality characteristics of wives of alcoholics; *Indian Journal of Psychiatry*.1991;33(3),359-365.
56. Chakravarthy C: Community workers estimate of drinking and alcohol related problems in rural areas: *Indian Journal of Psychological Medicine*. 1990;13: 49-56
57. Davis P ,LeonardK,DunnJ.N.,Jacob T: Alcohol related impairments in male alcoholics and psychiatric symptoms of their spouses; *American Journal of studies on Alcohol*. 1985;11:55-67.
58. Schaffer J.B., Taylor D: Degree of sobriety in male alcoholics and coping styles used by their wives; *British Journal of Psychiatric*. 1979; 135:431-437.

59. Tomelleri C J, MarijanHerjanic, Barbara L, Herjanic, Weztel R D: The wives of alcoholics; *Currents in Alcoholism*. 1978;1(4):29-30.
60. Orford J, Guthrie S.,Nicholis P, Oppenheimer K :self reported coping behaviors of wives of alcoholics and its association with drinking outcome; *Journal of Studies on Alcohol*. 1975;36: 1254-1267.
61. Jackson J.K : The adjustment of the family in the crisis of alcoholism; *Quarterly Journal of Studies on Alcohol*.1954;32;373-381.

NET REFERENCE:

62. [http://www.healthline.com/galecontent/progressive muscle relaxation therapy](http://www.healthline.com/galecontent/progressive-muscle-relaxation-therapy).
63. <http://www.apa.org/pubmed/anxiety>
64. <http://www.en.wikipedia.org/wiki/PMRT>
65. <http://www.emedicine.medscape.com>
66. [http:// progressive muscle relaxation therapy.org](http://progressive-muscle-relaxation-therapy.org)
67. [http://find articles.com](http://find-articles.com).
68. [http://www.apa.com/mental health of spouse of alcocholism.com](http://www.apa.com/mental-health-of-spouse-of-alcoholism).
69. [http://www.articles/ progressive muscle relaxation therapy.com](http://www.articles-progressive-muscle-relaxation-therapy.com)
70. [http://www.articles/anxiety and spouse of alcoholic.com](http://www.articles-anxiety-and-spouse-of-alcoholic.com)
71. [http://www.anxiety of spouse of alcoholic.com](http://www.anxiety-of-spouse-of-alcoholic.com)
72. <http://www.imagery-research.com>
73. [http://www. Progressive muscle relaxation therapy-usa.net](http://www.progressive-muscle-relaxation-therapy-usa.net).
74. [http://www.hamilton anxiety scale.com](http://www.hamilton-anxiety-scale.com).
75. [http://www.relaxation techniques.com](http://www.relaxation-techniques.com).
76. <http://www.alcoholism.com>.
77. [http://www.effects of alcoholism.com](http://www.effects-of-alcoholism.com).
78. [http://consequenses of alcoholism society.com](http://consequences-of-alcoholism-society.com).
79. [http://www.statistics of alcoholism.com](http://www.statistics-of-alcoholism.com).

Appendices

APPENDIX I

Ethical committee approval letter.

Ref.No.10189/E1/5/2014

Madurai Medical College,
Madurai -20. Dated: 13.10.2014.

Institutional Review Board/Independent Ethics Committee
Capt.Dr.B.Santhakumar,MD (FM). deanmdu@gmail.com
Dean, Madurai Medical College &
Government Rajaji Hospital, Madurai 625 020 . Convenor

Sub: Establishment – Madurai Medical College, Madurai-20 –
Ethics Committee Meeting – Meeting Minutes - for October 2014 –
Approved list – reg.

The Ethics Committee meeting of the Madurai Medical College, Madurai was held on
October 15th 2014 at 10.00 Am to 12.00 Noon at Anaesthesia Seminar Hall at Govt. Rajaji Hospital,
Madurai . The following members of the Ethics Committee have attended the meeting.

1.Dr.V.Nagarajan,M.D.,D.M(Neuro) Ph: 0452-2629629 Cell No.9843052029 nag9999@gmail.com .	Professor of Neurology (Retired) D.No.72, Vakkil New Street, Simmakkal, Madurai -1	Chairman
2.Dr.Mohan Prasad, MS.M.Ch. Cell.No.9843050822 (Oncology) drbkcmp@gmail.com	Professor & H.O.D of Surgical Oncology (Retired) D.No.32, West Avani Moola Street, Madurai.-1	Member Secretary
3. Dr.L.Santhanalakshmi, MD (Physiology) Cell No.9842593412 dr.l.santhanalakshmi@gmail.com .	Vice Principal, Prof. & H.O.D. Institute of Physiology Madurai Medical College	Member
4.Dr.K.Parameswari, MD(Pharmacology) Cell No.9994026056 drparameswari@vahoo.com .	Director of Pharmacology Madurai Medical College.	Member
5.Dr.S.Vadivel Murugan, MD., (Gen.Medicine) Cell No.9566543048 svadivelmurugan_2007@rediffmail.com .	Professor & H.O.D of Medicine Madurai Medical College	Member
6.Dr.A.Sankaramahalingam, MS., (Gen. Surgery) Cell.No.9443367312 chandrahospitalmdu@gmail.com	Professor & H.O.D. Surgery Madurai Medical College.	Member
7.Mrs.Mercy Immaculate Rubalatha, M.A., Med., Cell.No.9367792650 lathadevadoss86@gmail.com	50/5, Corporation Officer's Quarters, Gandhi Museum Road, Thamukam, Madurai-20.	Member
8.Thiru.Pala.Ramasamy, B.A.,B.L., Cell.No.9842165127 palaramasamy2011@gmail.com	Advocate, D.No.72,Palam Station Road, Sellur, Madurai-20.	Member
9.Thiru.P.K.M.Chelliah, B.A., Cell No.9894349599 pkmandco@gmail.com	Businessman, 21 Jawahar Street, Gandhi Nagar, Madurai-20.	Member

.. 2 ..

The following Project was approved by the Ethical Committee


Name of P.G.	Course	Name of the Project	Remarks
P.S.Raja Rajendran athmaprakash80@gmail.com	M.Sc (Nursing) 1 st year Mental Health Psychiatric Nursing, Madurai Medical College, Madurai	A study to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction centre, GRH, Madurai.	Approved

Please note that the investigator should adhere the following: She/He should get a detailed informed consent from the patients/participants and maintain it Confidentially.

1. She/He should carry out the work without detrimental to regular activities as well as without extra expenditure to the institution or to Government.
2. She/He should inform the institution Ethical Committee, in case of any change of study procedure, site and investigation or guide.
3. She/He should not deviate the area of the work for which applied for Ethical clearance. She/He should inform the IEC immediately, in case of any adverse events or Serious adverse reactions.
4. She/He should abide to the rules and regulations of the institution.
5. She/He should complete the work within the specific period and if any Extension of time is required He/She should apply for permission again and do the work.
6. She/He should submit the summary of the work to the Ethical Committee on Completion of the work.
7. She/He should not claim any funds from the institution while doing the work or on completion.
8. She/He should understand that the members of IEC have the right to monitor the work with prior intimation.


Member Secretary
Ethical Committee


Chairman
Ethical Committee


DEAN/Convenor
Madurai Medical College &
Govt. Rajaji Hospital, Madurai.

To
The above Applicant
-thro. Head of the Department concerned

APPENDIX II

Letter seeking permission for content validity certificate.

From

P.S.Rajarajendran
II Year M.Sc (N),
College of Nursing,
Madurai Medical College, Madurai-20

To

Mr.N.Suresh kumar.M.A.,M.Phil.
Asst prof.cum clinical psychologist,
Department of psychiatry,
Government Rajaji Hospital
Madurai

Through the proper channel,

Respected Sir/ Madam,

Sub: Requesting opinion and suggestion of experts for validation of content
and tool for Research study

I am final year Master degree nursing student in College of Nursing, Madurai Medical College. In partial fulfillment of master degree in Nursng, I have selected the topic for research dissertation is “a study to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependants at de-addiction centre ,government rajaji hospital,madurai.”,to submit to “the Tamilnadu Dr. M.G.R. Medical University”. I request you to kindly validate the tool and content and give your expert opinion for necessary modifications.

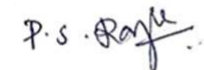
I have enclosed the tool and content of the study

Thanking you

Date:

Place: Madurai

yours sincerely



(P.S.Rajarajendran)

APPENDIX III

CERTIFICATE OF VALIDATION

This is to certify that the tool

Section-A : Demographic data

Section-B : Anxiety rating scale

and content prepared by P.S.RAJARAJENDRAN M.sc (N) student of college of nursing ,Madurai medical college,Who has undertaken the study titled “ study to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependants at de-addiction centre,Government Rajaji Hospital ,Madurai ,has been validated by me



SIGNATURE OF THE EXPERT

NAME

Dr. T. KUMANAN, M.D.(PSY).DPM
Reg. No. 42357
Professor of Psychiatry / Senior Civil Surgeon
Madurai Medical College, Govt. Rajaji Hospital
Madurai

DESIGNATION:

DATE: 31.7.2015

CERTIFICATE OF VALIDATION

This is to certify that the tool

Section-A Demographic data

Section-B Anxiety rating scale

and content prepared by P.S.RAJARAJENDRAN M.sc (N) student of college of nursing ,Madurai medical college,Who has undertaken the study titled “ study to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependants at de-addiction centre, Government Rajaji Hospital ,Madurai ,has been validated by me


SIGNATURE OF THE EXPERT

NAME N. SURESH KUMAR

DESIGNATION: Asst Prof. Cum
Clinical Psychologist

DATE: 1/08/2015
Dept. of Psychiatry
Madurai Medical College
Madurai - 20

CERTIFICATE OF VALIDATION

This is to certify that the tool

Section-A · Demographic data

Section-B · Anxiety rating scale

and content prepared by P.S.RAJARAJENDRAN M.sc (N) student of college of nursing ,Madurai medical college,Who has undertaken the study titled “ study to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependants at de-addiction centre,Government Rajaji Hospital ,Madurai ,has been validated by me

G. Gomathy
SIGNATURE OF THE EXPERT

NAME: *G. Gomathy*

DESIGNATION: *Assist Prof*

DATE: *27.7-15*

CERTIFICATE OF VALIDATION

This is to certify that the tool

Section-A · Demographic data

Section-B · Anxiety rating scale

and content prepared by P.S.RAJARAJENDRAN M.sc (N) student of college of nursing ,Madurai medical college,Who has undertaken the study titled “ study to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependants at de-addiction centre, Government Rajaji Hospital ,Madurai ,has been validated by me

R. Jancy

SIGNATURE OF THE EXPERT

NAME . DR. R. JANCY RAHEL DAISY

DESIGNATION: PROFESSOR CUM HOD,
C.S.I. JEYARAJ ANNAPACKIAM
COLLEGE OF NURSING,
MADURAI

DATE:

12.6.15

CERTIFICATE OF VALIDATION

This is to certify that the tool

Section-A . Demographic data

Section-B Anxiety rating scale

and content prepared by P.S.RAJARAJENDRAN M.sc (N) student of college of nursing ,Madurai medical college,Who has undertaken the study titled “ study to evaluate the effectiveness of Progressive muscle relaxation technique on anxiety among spouse of alcoholic dependants at de-addiction centre,Government Rajaji Hospital ,Madurai ,has been validated by me



SIGNATURE OF THE EXPERT

NAME

Mrs. SUMATHI SANTHA KUMAR, M.Sc(N).

DESIGNATION:

Assistant Professor
HOD of Mental Health Nursing
Sakthi College of Nursing
Oddanchatram, DINDIGUL Dist

DATE: 16/6/15

APPENDIX IV
Informed consent form

ஒப்புதல் அறிக்கை

பெயர்:

நாள்:

எனக்கு இந்த செவிலிய ஆய்வனைப் பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்குகொள்வதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி முழுமையாக புரிந்துகொண்டேன். இந்த ஆய்வின் தானாக முன் வந்து பங்குபெறுகிறேன். மேலும் எனக்கு இந்த ஆய்விலிருந்து எந்த சமயத்திலும் விலகிக் கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய பெயர் மற்றும் அடையாளங்கள் ரகசியமாக வைத்துக்கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

கையொப்பம்.

APPENDIX V

Letter seeking and granting permission to conduct the pilot study at deaddiction centre, Government Rajaji Hospital, Madurai.

From

P.S.Rajarajendran,
I year M.Sc (N),
College of Nursing,
Madurai medical college,
Madurai-20.

To

The Dean,
Madurai Medical College,
Madurai-20.

Through the proper channel,

Respected sir,

Sub: Requesting permission to conduct M.Sc (N) pilot study -reg

As per the curriculum recommended by the Indian Nursing Council and Tamilnadu Dr.MGR Medical University all the M.Sc (N) students are required to conduct a pilot study for the partial fulfillment of the course.

I selected the topic for my pilot study is “A study to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction center, government Rajaji hospital, Madurai”.


I humbly request you to grant me permission to do my study in this setting and complete my requirement.

Thanking you

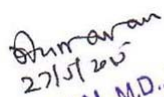
Madurai

10-10-2014

Yours sincerely,


(P.S.Rajarajendran),


S. Rajarajendran
10.10.14
Lecturer
Department of Psychiatry
Govt. Rajaji Hospital
Madurai


27/10/2014
Dr. T. KUMANAN, M.D., DPM.
Professor of Psychiatry
Senior Civil Surgeon.
Govt. Rajaji Hospital,
MADURAI.

APPENDIX VI

Letter seeking and granting permission to conduct the study at deaddiction centre, Government Rajaji Hospital, Madurai.

From

P.S.Rajarajendran,
I year M.Sc (N),
College of Nursing,
Madurai medical college,
Madurai-20.

To

The Dean,
Madurai Medical College,
Madurai-20.

Through the proper channel,

Respected sir,

Sub: Requesting permission to conduct M.Sc (N) dissertation-reg

As per the curriculum recommended by the Indian Nursing Council and Tamilnadu Dr.MGR Medical University all the M.Sc (N) students are required to conduct a dissertation study for the partial fulfillment of the course.

I selected the topic for my dissertation is "A study to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction center, government Rajaji hospital, Madurai".


I humbly request you to grant me permission to do my study in this setting and complete my requirement.

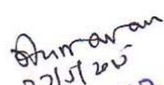
Thanking you

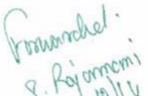
Madurai

10-10-2014

Yours sincerely,


(P.S.Rajarajendran),


27/11/2014
Dr. T. KUMANAN, M.D., DPM.
Professor of Psychiatry
Senior Civil Surgeon.
Govt. Rajaji Hospital,
MADURAI.


10.10.14
S. Rajamoni
Lecturer
Department of Psychiatry
College of Nursing
Madurai Medical College

APPENDIX VI (a)

Letter seeking and granting permission to conduct the study in deaddiction ward at GRH, Madurai

From

P.S.Rajarajendran,
I year M.Sc (N),
College of Nursing,
Madurai medical college,
Madurai-20.

To

The Head of the Department,
Department of Psychiatric,
Government Rajaji Hospital,
Madurai-20.

Through the proper channel,

Respected sir,

Sub: Requesting permission to conduct M.Sc (N) dissertation-reg

As per the curriculum recommended by the Indian Nursing Council and Tamilnadu Dr.MGR Medical University all the M.Sc (N) students are required to conduct a dissertation study for the partial fulfillment of the course.

I selected the topic for my dissertation is "A study to evaluate the effectiveness of progressive muscle relaxation technique on anxiety among spouse of alcoholic dependents at deaddiction center, government Rajaji hospital, Madurai".


I humbly request you to grant me permission to do my study in this setting and complete my requirement.

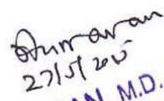
Thanking you

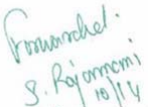
Madurai

10-10-2014

Yours sincerely,


(P.S.Rajarajendran),


27/11/2015
Dr. T. KUMANAN, M.D., DPM.,
Professor of Psychiatry
Senior Civil Surgeon,
Govt. Rajaji Hospital,
MADURAI.


10.10.14
S. Rajarajendran, M.A. (Nursing)
I year M.Sc (N)
College of Nursing,
Madurai Medical College,
Madurai-20.

APPENDIX VII

SECTION A

SOCIO DEMOGRAPHIC VARIABLES

Sample no: _____

Place: _____

Age : _____

Date : _____

1. Age

☐

- a) = 20 yrs
- b) 21 yrs to 35 yrs
- c) 36 yrs to 50 yrs
- d) 51 yrs to 65 yrs

2. Religion

☐

- a) Hindu
- b) Christian
- c) Muslim
- d) Others

3. Education

☐

- a) No formal Education
- b) Primary Education
- c) High School education
- d) Higher Secondary
- e) Graduate and above

4. Occupation

☐

- a) Government employee
- b) Private employee
- c) coolie
- d) Self employment
- e) House wife

5. Total Family Income

☐

- a) less than Rs .2000 per month
- b) Rs.3001 - Rs.5000 per month
- c) Rs.5001-10000 per month
- d) Rs.4001-5000 per month
- e) > 10000 Rs per month

6. Type of Family

☐

- a) Nuclear family
- b) Joint family
- c) Extended family

7. Residential

☐

- a) Rural
- b) Urban
- c) Semi Urban

8. No of Children's

☐

- a) No Child
- b) One Child
- c) Two children
- d) more than two children

9. Duration of alcohol consumption

☐

- a) less than 6 months
- b) 6 months to one year
- c) 1 to 5 years
- d) more than 5 yrs

10. Do you have any major physical illness?

☐

- a) Yes
- b) No

11. Do you practice any relaxational techniques previously?

☐

- a) Yes
- b) No

APPENDIX VIII

HAMILTON ANXIETY RATING SCALE

Sample number _____ Place _____

Age _____ Date _____

TICK YOUR SYMPTOMS IN THE SUITABLE COLUMN ()

SYMPTOMS	NOT PRESENT	MILD	MODERATE	SEVERE	VERY SEVERE
1. Anxious mood (worries, anticipates worst)	0	1	2	3	4
2. Tension (Startles, cries easily, restless, trembling)					
3. Fears (fear of the dark, fear of strangers, fear of being alone, fear of animal)					
4. Insomnia (difficulty falling asleep or staying asleep, difficulty with nightmares)					
5. Intellectual (poor concentration, memory impairment)					
6. Depressed mood (decreased interest in activities, anhedonia, insomnia)					
7. Somatic complaints-muscular (muscle aches or pains, Bruxism)					
8. Somatic complaints-sensory (tinnitus, blurred vision)					
9. Cardio vascular symptoms (tachycardia, palpitation, chest pain, sensory of feeling faint)					

10. Respiratory symptoms (chest pressure, choking sensation, shortness of breath)					
11. Gastro intestinal symptoms (Dysphagia, nausea or vomiting, constipation, weight loss)					
12. Genitourinary symptoms (urinary frequency or urgency, dysmenorrheal, impotence)					
13. Autonomic symptoms (dry mouth, flushing, pallor, sweating)					
14. Behaviour at interview (fidgets, tremor, pases)					

APPENDIX IX

தன்னிலை விபரக்குறிப்பு

மாதிரி எண் _____ இடம் _____

வயது _____ தேதி _____

கீழ்க்கண்ட அறிகுறிகளில் உங்களுக்கு பொருத்தமானவற்றை குறியிடுக ()

1. வயது

அ) 20 வயது மற்றும் அதற்கு கீழ்

☐

ஆ) 21-35 வயது வரை

இ) 36-50 வயது வரை

ஈ) 50-65 வயது வரை

2. மதம்

அ). இந்து

☐

ஆ) முஸ்லிம்

இ) கிறிஸ்தவர்

ஈ) பிற மதம்

3. கல்வித்தகுதி

☐

அ) முறைசாரா கல்வி

ஆ) ஆரம்ப கல்வி

இ) உயர்நிலை கல்வி

ஈ) மேல் நிலை கல்வி

உ) பட்டபடிப்பு மற்றும் அதற்கு மேல்

4. தொழில்

☐

அ) அரசு ஊழியர்

ஆ) தனியார் ஊழியர்

இ) கூலி தொழிலாளி

ஈ) சுய தொழில்

உ) குடும்ப தலைவி

5. குடும்ப மாத வருமானம்

☐

- அ) 3000க்கும் குறைவு
- ஆ) 3000 முதல் 5000 வரை
- இ) 5000 -10000 வரை
- ஈ) 10000 க்கும் மேல்

6. குடும்பத்தின் தன்மை

☐

- அ) தனிக்குடும்பம்
- ஆ) கூட்டுக் குடும்பம்
- இ) விரிவாகப்பட்ட குடும்பம்

7. வீடு அமைந்துள்ள இடம்

☐

- அ) கிராமம்
- ஆ) நகரம்
- இ) புறநகரம்

8. உங்களுக்கு எத்தனை குழந்தைகள் உள்ளனர் ?

☐

- அ) குழந்தை இல்லை
- ஆ) ஒரு குழந்தை
- இ) இரண்டு குழந்தை
- ஈ) இரண்டுக்கும் அதிகமான குழந்தைகள்

9. எவ்வளவு நாட்களாக குடிப்பழக்கம் இருக்கிறது ?

☐

- அ) 6 மாதத்திற்கும் குறைவு
- ஆ) 6 மாதம் முதல் 1 வருடம் வரை
- இ.) 1 வருடம் முதல் 5 வருடம் வரை
- ஈ) 5 வருடங்களுக்கும் மேல்

10. உங்களுக்கு உடல் ரீதியான நோய்கள் இருக்கிறதா ?

☐

- அ) ஆம்
- ஆ) இல்லை

11. உங்களுக்கு இதற்கு முன் இளைப்பாறும் செயல்முறைகள் செய்யும் பழக்கம் உள்ளதா ?

☐

- அ) ஆம்
- ஆ) இல்லை

APPENDIX X

ஹேமில்டன் பதற்றநிலை அளவுகோல்

மாதிரி எண் _____ இடம் _____

வயது _____ தேதி _____

கீழ்க்கண்ட அறிகுறிகளில் உங்களுக்கு பொருத்தமானவற்றை குறியிடுக ()

அறிகுறிகள்	இல்லை 0	லேசாக 1	மிதமாக 2	அதிகமாக 3	மிக அதிகமாக 4
1. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
2. $\vec{A} \cdot \vec{B} = \vec{B} \cdot \vec{A}$ ($\vec{A} \cdot \vec{B} = \vec{B} \cdot \vec{A}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{B} \cdot \vec{A}$ »)					
3. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
4. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
5. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
6. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
7. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
8. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					
9. $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ ($\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ என்ற « $\vec{A} \cdot \vec{B} = \vec{A} \cdot \vec{B}$ »)					

<p>10. $\Gamma \tilde{A}_i \circ \ll \tilde{E} \tilde{t}, \tilde{u}$ $(\downarrow \tilde{z} \tilde{\Gamma} \tilde{\Gamma} \ll \emptyset \div \frac{3}{4} \tilde{o}, \downarrow \tilde{z} \tilde{\Gamma} \tilde{\Gamma}$ $\ll \frac{1}{2} \tilde{o} \tilde{o}, \tilde{a} \tilde{\Gamma} \tilde{\Gamma} \tilde{A} \tilde{\Gamma} \frac{3}{4} \tilde{A} \tilde{t} \circ \tilde{A} \tilde{A} \tilde{o})$</p>					
<p>11. $\tilde{A} \tilde{A} \tilde{u} - \downarrow \frac{1}{4} \emptyset \circ \tilde{o} \tilde{A} \tilde{o} \frac{3}{4}$ $\ll \tilde{E} \tilde{t}, \tilde{u}$ $(\tilde{A} \tilde{t} \tilde{o} \tilde{\Gamma} \downarrow \tilde{A} \frac{3}{4} \tilde{t} \tilde{o}$ $\circ \tilde{A} \tilde{A} \tilde{o}, \tilde{A}_i \tilde{o} \frac{3}{4} \tilde{t}, \tilde{A}_i \tilde{o} \frac{3}{4} \tilde{t} \tilde{A} \tilde{o} \tilde{o}$ $- \frac{1}{2} \div \times, \tilde{A} \tilde{A} \tilde{\Gamma} \circ \tilde{t}, \emptyset, \pm \frac{1}{4}$ $\downarrow \frac{1}{2} \tilde{E} \times)$</p>					
<p>12. $\downarrow \tilde{E} \tilde{o} \downarrow \tilde{A} \tilde{o} \tilde{\Gamma} \frac{1}{2} \tilde{u} \tilde{z} \tilde{t} \circ \tilde{o} \tilde{A} \tilde{o} \frac{3}{4}$ $\ll \tilde{E} \tilde{t}, \tilde{u}$ $(\ll \tilde{E} \downarrow \tilde{E} \circ \tilde{u} \tilde{z} \tilde{t}$ $\tilde{A} \tilde{t} \tilde{o} \frac{3}{4} \tilde{o}, \tilde{A}_i \frac{3}{4} \tilde{A} \tilde{t} \tilde{o}$ $\tilde{A} \tilde{A} \tilde{t}, \downarrow \tilde{E} \tilde{o} \downarrow \tilde{A} \tilde{o} \tilde{\Gamma} \frac{1}{2} \downarrow \tilde{A} \tilde{A}_i \frac{1}{2} \tilde{A})$</p>					
<p>13. $\frac{3}{4} \tilde{E} \tilde{A} \tilde{\Gamma} \downarrow \ll \tilde{E} \tilde{t}, \tilde{u}$ $(\tilde{A}_i \tilde{o} - \tilde{A} \div \frac{3}{4} \tilde{o}, \downarrow \tilde{A} \tilde{t} \tilde{E} \tilde{A}$ $\frac{3}{4} \tilde{y} \frac{1}{2} \tilde{A}, \tilde{A} \tilde{t} \tilde{A} \div \tilde{o} \frac{3}{4} \tilde{o})$</p>					
<p>14. $\tilde{S} \tilde{z} \div \frac{1}{2} \tilde{A} \tilde{y} \tilde{S} \tilde{A}_i \tilde{D} \tilde{z} \frac{1}{4} \tilde{o} \frac{1}{2} \frac{3}{4}$ $(\downarrow \tilde{A} \tilde{t} \tilde{E} \tilde{A}$ $\tilde{o}, \tilde{o}, \frac{1}{2} \tilde{z} \tilde{\Gamma} \downarrow \tilde{o}, \tilde{a} \tilde{\Gamma} \tilde{\Gamma} \tilde{A}_i \tilde{\Gamma} \downarrow \frac{3}{4} \tilde{o})$</p>					

APPENDIX XI

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation, **“A study to evaluate the effectiveness of Progressive Muscle Relaxation on Anxiety among Spouse of Alcoholic Dependents at deaddiction centre , Government Rajai Hospital, Madurai,** by Mr.P.S.RajaRajendran,M.Sc(N) II year student , college of Nursing, Madurai Medical College, Madurai-20 has been edited for English language appropriateness.

Name:

Designation:

Institution:

Dr. R.
R. DIVYA PRIYADARSINI
M.A., B.Ed.,
ASST. PROFESSOR
DEPARTMENT OF ENGLISH
REV. JACOB MEMORIAL CHRISTIAN
SANTHIPURAM, AMBILAKKAL
DINDIGUL-DIST, TAMILNADU

Signature

APPENDIX XII

CERTIFICATE OF TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation, “A study to evaluate the effectiveness of Progressive Muscle Relaxation on Anxiety among Spouse of Alcoholic dependants at deaddiction center, Government Rajai Hospital, Madurai, by Mr.P.S.RajaRajendran, M.Sc(N) II year student , college of Nursing, Madurai Medical College, Madurai-20 has been edited for Tamil language appropriateness.

Name:

Designation:

DR.N. BALASUBRAMANIAM
M.A., M.Phil., Ph.D., DGT
ASST. PROFESSOR
DEPARTMENT OF TAMIL
REV. JACOB MEMORIAL CHRISTIAN COLLEGE
SANTHIPURAM, AMBILIKAI 624 612
DINDIGUL-DIST, TAMILNADU

Institution:

Dr. N. Balasubramaniam
Signature

APPENDIX XIII

PROGRESSIVE MUSCLE RELAXATION TECHNIQUE

Progressive muscle relaxation is a systematic way of teaching to managing anxiety and achieving a deep state of relaxation. It was developed by Dr. Edmund Jacobson in the 1930s. He discovered that a muscle could be relaxed by first tensing it for a few seconds and then releasing it. Tensing and releasing various muscle groups throughout the body produces a state of relaxation.

STEPS IN PROGRESSIVE MUJSCLE RELAXATION TECHNIQUE

STEP 1: Start by getting into a comfortable position.

- Sit in the chair and place the feet flat on the floor, legs uncrossed .
- Keep the hands resting comfortably at side or on the lap.

STEP 2:Begin by noticing breathing, noticing abdomen rise and fall with each breath (pause after each breath).

- Take a deep breath and relax yourself
- Take awareness upto face
- Start relaxing from the muscle of the face

STEP 3:Tense the muscles in the face

- Make a sour face, like just ate a lemon.
- Contract for 10 seconds, hold the face for 10 seconds seconds and relax for 20 seconds.
- Repeat the process for three times.

STEP 4: Now, move awareness to the shoulder and neck area.

- Notice the muscles in the shoulder and neck area.
- Contract the muscles of the neck for 10 seconds
- Press the shoulders towards the ears
- Hold for 10 seconds and relax for 20 seconds.
- Repeat this for 3 times.

STEP 5: Bring awareness to the muscles in the arms.

- Contract the muscles of both the arms for 10 seconds by curling the arms up towards biceps and holding them as lifting weights and holding it to chest,
- hold for 10 seconds and then relax for 20 seconds.
- Repeat this process for 3 times.

STEP 6: Now, bring awareness to the muscles in the hands.

- Tense the muscles in the hands by clenching it into a tight fist for 10 seconds
- Hold for 10 seconds and then relax for 20 seconds.
- Repeat this for three times.

STEP 7: Notice the muscles in the upper back, around the shoulder blades.

- Tense the muscles in the upper back for 10 seconds by pressing the shoulder blades together
- Hold for 10 seconds and then relax for 20 seconds .
- Repeat this for 3 times.

STEP 8: Now, notice the muscles in the abdomen and low back.

- Tense the muscles in the abdomen by filling the abdomen for 10 seconds and holding it for 10 seconds.

- Relax for 20 seconds .
- Repeat the process for three times.

STEP 9:Now, notice the muscles in the low back.

- Contact the low back muscles by pressing the low back to the chair for 10 seconds and holding it for 10 seconds
- Relax it for 20 seconds.
- Repeat it for 3 times.

STEP 10:Now on to the knees ,calve muscles and muscles of feet.

- Tense the knee muscles by contracting the knee joint for 10 seconds
- Hold it for 10 seconds and then relax for 20 seconds.
- Move on to the calve muscles.
- Tense the calve muscles for 10 seconds
- Hold it for 10 seconds, and relax for 20 seconds.
- Then make awareness on the muscles of the feet by pointing the toes towards the knees, for 10 seconds and holding for 10 seconds ,
- Relax the muscles of feet for 20 seconds.
- Repeat it for 3 times

STEP 11: End the session by breathing relaxation exercises.

- Take a deep breath and relax for 2 minutes
- Give information regarding next session

APPENDIX XIV

ÓyŞÉüÈÀð¼ ¼'' ° ¼Ç÷Á'' ¼Ôð ÁÄü°ü,ü

ÓyŞÉüÈÀð¼ ¼'' ° ¼Ç÷Á'' ¼Ôð ÁÄü°ü ±ýÀÐ Á¼üÈð'' ¼ ,ðÎ òÁÎ ð¼,
 ¬üç'' Ä ÁÉ¼Ç÷'' Ä « '' ¼Ä |°öÔð ¯Ö ,ðÁÓ'' ÈÄî ò .pÐ1930ð
 ÁÖ.±ðÁñ ð fîŞ,îð°ý ±ýÁÄÄîð ¯ ÖÄî ,ðÀð¼Ð. « Á÷ ¼'' °, '' Ç Ó¼Äð
 °Ä ÄÉîÊ,ü pÚî ,Äî ,×ð, °Ä ÄÉîÊ,ü ¼Ç÷Áî ,×ð '' Äî òŞÄîÐ ÁÉ¼Ç÷×
 ²üÁÎ ,ÈÐ ±ýÁ'' ¼ ,ñ Î ÄÈð¼î÷. ¯ ¼Äý ÀðŞÁÚ ¼'' °, '' Ç
 pÚî ,Ôð,¼Ç÷ð¼Ôð ÁÄü°ü |°öÔðŞÄîÐ ¯ ¼ð ÁüÜð ÁÉð ¼Ç÷Áî ,ÈÐ.

ç'' Ä 1: p½î ,ÄîÉ ç'' ÄÄð – ÄðÀð¼ð

- Äî¼î , '' Ç ¼'' ÄÄð Á¼ðÐ ,îð, '' Ç ŞçÄî , '' ÄðÐ çîü,îÄÄð « ÄÄ
 ŞÄñ Î ò.
- '' , '' Ç ÁÈÄŞÄî, ¯ ¼Äý Äî ,ÄîðÈŞÄî ¼Ç÷Áî , '' Äî ,ŞÄñ Î ò

ç'' Ä 2: ÍÄî° ç'' Ä'' Ä ,ÄÉð¼ð

- ¬ÄÄî , ä Î°ððÐ, ÍÄÇÄ¼×ð
- ¼Ç÷×ç'' Ä'' Ä Ó,ð¼'' °ÄÄÔðÐ ¬ÄðÄî ,×ð

ç'' Ä 3: Ó,ð¼'' °, '' Ç pÚî ,ÄîÎ ð¼ð

- ±ÖÄ'' ° ÄÈð'' ¼ ¯ ñ ÄÐŞÄîð Ó,ð'' ¼ '' Äî ,ŞÄñ Î ò.
- 10 ÄÉîÊ,ü pÖî ,ç, 10 ÄÉîÊ,ü çÜð¼ÄÈ 20 ÄÉîÊ,ü
 ¼Ç÷Áî ,×ð.
- p'' ¼ Äñ Î ò ä ýÚ Ó'' È |°öÄ×ð.

ç'' Ä 4: Ş¼ðÄÌ ¼ÄüÜð ,ððÐ ¼'' °, '' Ç pÚî ,ÄîÎ ð¼ð.

- Ş¼ðÄÌ ¼ÄüÜð ,ððÐ ¼'' °, '' Ç 10 ÄÉîÊ,ü ,î'' ¼ Şçî ,ç « Øð¼×ð
- ÄÈ 10 ÄÉîÊ,ü çÜð¼ÄÈ 20 ÄÉîÊ,ü ¼Ç÷ð¼×ð
- p'' ¼ Äñ Î ò 3 Ó'' È |°öÄ×ð

ç'' Ä 5: ðfî ,Çý ¼'' °, '' Ç pÚî ,ÄîÎ ð¼ð

- pÖ ðfî , '' ÇÔð ŞÁðŞçî ,ç pÚî ,ç±'' ¼ à î Î ÄÐŞÄîð 10 ÄÉîÊ,ü
 pÖî ,×ð.
- 10 ÄÉîÊ,ü « Ş¼ ç'' ÄÄð çÜð¼Äý 20 ÄÉîÊ,ü ¼Ç÷ð¼×ð

- Áñ ĩ õ þ ¼ 3 Ó ĩ Ē ĩ öÁ×õ.

ġġ Ä 6: ĩ ġ ġÖüġ ġ ġ ġ þŪ ġ ġ ġ

- ĩ üġ ġ ġ ġ ġ Ē 10 ÁĒ ġ ġ þŪ ġ ġ ġ ġ ĩ.
- « ġ ġ ġ ġ 10 ÁĒ ġ ġ ġ ġ ġ ġ ġ ġ 20 ÁĒ ġ ġ ġ ġ ġ ġ ġ ġ.
- þ ġ ġ ġ ġ ġ ġ ġ ġ 3 Ó ĩ Ē ĩ öÁ×õ.

ġġ Ä 7: ġ

- þ ġ ġ ġ ġ ġ ġ ġ ġ ġ ġ ġ 10 ÁĒ ġ ġ þŪ ġ ġ ġ
- 10 ÁĒ ġ
- þ ġ

ġġ Ä 8: ġ

- ġ
- þ ġ
- 20 ÁĒ ġ
- þ ġ

ġġ Ä 9: ġ

- ġ
- « ġ
- 20 ÁĒ ġ
- þ ġ

ġġ Ä 10: ġ



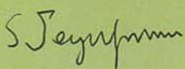
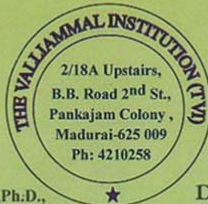
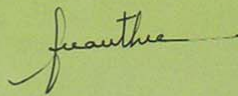
- Óġ ġ
- 10 ÁĒ ġ ġ þŪ ġ ġ ġ ġ ġ ġ 20 ÁĒ ġ ġ ġ ġ ġ ġ ġ ġ ġ ġ ġ ġ
- ġ
- 10 ÁĒ ġ
- ġ

- ٢٢ Ä 11:pÚ¾Äi, ã î í ÄÄü°Ö¾ý ÓÊì, xõ

- 113

APPENDIX XV

Training certificate for Progressive muscle relaxation technique

	THE VALLIAMMAL INSTITUTION (TVI) 2/18A Upstairs, B.B. Road 2 nd St., Pankajam Colony, Madurai-625 009. ☎ 98942 49630; 98430 40226 email: ananthibetsy@rediffmail.com
Reg. No. PCC/46/May 15/298	Date: 28/05/15
	
Certificate Course in Basic Counselling Skills and Progressive Muscle Relaxation	
<p><i>This is to certify that ...P.S. RAJARAJENDRAN..... has completed our</i></p> <p>CERTIFICATE COURSE IN BASIC COUNSELLING SKILLS AND PROGRESSIVE MUSCLE RELAXATION (24 hrs Part-time Education</p> <p><i>Programme designed and offered by experts) by effectively participating in theory & practical classes and successfully completing all the exercises. He has been placed in First Class</i></p>	
	
Prof. Dr. S. Jeyapragasam M.Sc., M.A., M.A., Ph.D., Director Rajarajan Institute of Science (RISE)	 Dr. B. Ananthavalli M.Sc., M.A., M.Phil., Ph.D., Director & Secretary The Valliammal Institution (TVI)

APPENDIX XVI

Photographs

Researcher collects the data from the subjects



Researcher explains the procedure to the subjects



Researcher demonstrates the progressive muscle relaxation technique



Subjects are redemonstrated the PMRT

